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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

DLN: 93493319019398 OMB No 1545-0047

| Form <b>990</b>   |
|-------------------|
| Department of the |
| Internal Revenue  |

Activities & Governance

▶ Do not enter social security numbers on this form as it may be made public Open to Public Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection Service For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 D Employer identification number B Check if applicable CAPITAL RÉSEARCH CENTER ☐ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 1513 16TH STREET NW ☐ Application pending (202) 483-6900 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 200361480 **G** Gross receipts \$ 2,544,852 Name and address of principal officer H(a) Is this a group return for SCOTT WALTER □Yes ☑No subordinates? 1513 16TH STREET NW H(b) Are all subordinates WASHINGTON, DC 200361480 ☐ Yes ☐No ıncluded? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)( ) **◄** (Insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW CAPITALRESEARCH ORG L Year of formation 1983  ${f M}$  State of legal domicile K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities CAPITAL RESEARCH CENTER EXAMINES HOW INDIVIDUAL DONORS, FOUNDATIONS, CHARITIES, AND OTHER NONPROFITS SPEND MONEY TO INFLUENCE POLITICS AND PUBLIC POLICY Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 32 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,825,771 2,508,522 7,729 Program service revenue (Part VIII, line 2g) . 4,618 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 1,135,281 30,518 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 22,208 1,194 2,990,989 2,544,852 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,430,650 1,914,753 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶968,248 1,414,346 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,443,130 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2.844.996 4,357,883  $\mathbf{19}$  Revenue less expenses Subtract line 18 from line 12 . 145.993 -1,813,031 Net Assets or Fund Balances **End of Year** Beginning of Current Year 20 Total assets (Part X, line 16) . 13,992,941 12,332,256 21 Total liabilities (Part X, line 26) . 233,816 386,294 22 Net assets or fund balances Subtract line 21 from line 20 13,759,125 11,945,962 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-11-14 Signature of officer Sign

Paid **Preparer** Use Only SCOTT WALTER PRESIDENT Type or print name and title

Here

Print/Type preparer's name JENNIFER S HAN Preparer's signature JENNIFER S HAN self-employed Firm's name HAN GROUP LLC Firm's EIN ▶ Firm's address ► 1020 19TH STREET NW SUITE 900 Phone no (202) 293-7000 WASHINGTON, DC 20036 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . Form 990 (2017)

Date

2018-11-14

Check  $\square$  ıf

PTIN

P00633304

| Form      | 990 (2            | 017)                                    |                        |                                     |                           |  | Page <b>2</b>  |
|-----------|-------------------|---|------------------------|-------------------------------------|---------------------------|--|----------------|
| Par       | t III             | Statement                               | of Program Servi       | ce Accomplis                        | hments                    |  |                |
|           |                   | Check if Sched                          | lule O contains a resp | onse or note to a                   | any line in this Part III |  | 🗹              |
| 1         | Briefly           | describe the or                         | rganızatıon's mıssıon  |                                     |                           |  |                |
|           |                   | EARCH CENTER<br>POLITICS AND F          |                        | DIVIDUAL DONO                       | RS, FOUNDATIONS, CH       | HARITIES, AND OTHER NONPROFITS   | SPEND MONEY TO |
| 2         |                   | _                                       | • •                    |                                     | vices during the year w   | which were not listed on   | ☐ Yes ☑ No     |
|           | If "Yes           | ," describe thes                        | se new services on Sc  | hedule O                            |                           |  |                |
| 3         | service           | es?                                     | rease conducting, or r |                                     | changes in how it cond    | lucts, any program   | ☐ Yes ☑ No     |
| 4         | Descri<br>Section | ,<br>be the organiza<br>n 501(c)(3) and | tion's program service | e accomplishmer<br>ons are required | to report the amount      | e largest program services, as measu<br>of grants and allocations to others, t |                |
| 4a        | (Code             |   | ) (Expenses \$         | 1,881,188                           | including grants of \$    | ) (Revenue \$  | 4,618 )        |
|           | See Ad            | dıtıonal Data                           |                        |                                     |                           |  |                |
| 4b        | (Code             | ditional Data                           | ) (Expenses \$         | 411,971                             | including grants of \$    | ) (Revenue \$  | )              |
|           |                   | arcional Baca                           |                        |                                     |                           |  |                |
| 4c        | (Code             |   | ) (Expenses \$         | 363,443                             | including grants of \$    | ) (Revenue \$  | )              |
|           | See Ad            | ditional Data                           |                        |                                     |                           |  |                |
|           | (Code             |   | ) (Expenses \$         | 14,623                              | ıncludıng grants of \$    | ) (Revenue \$  | )              |
| 4d        |                   |   | es (Describe in Sched  |                                     |                           |  |                |
|           | (Expe             | · · · · · · · · · · · · · · · · · · ·   |                        | luding grants of                    | \$                        | ) (Revenue \$  | )              |
| <u>4e</u> | Total             | program serv                            | ice expenses ▶         | 2,671,2                             | 25                        |  |                |

or X as applicable

Section 501(c)(3) organizations.

Page 3

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Form **990** (2017)

Part IV Checklist of Required Schedules Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞 . . . . . . . .

If "Yes," complete Schedule C, Part II

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🖼 . . . 2 Yes

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12b

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Yes

Yes

Yes

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| Part IV | Checklist of Required Schedules (continued) |     |    |
|---------|---|-----|----|
|         |   | Yes | No |

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

Page 4

No

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35a

35h

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Yes

Yes

Form 990 (2017)

Yes

| orm ! | 990 (2017)   |            |          | Page 5         |
|-------|--|------------|----------|----------------|
| Par   | t V Statements Regarding Other IRS Filings and Tax Compliance  |            |          |                |
|       | Check if Schedule O contains a response or note to any line in this Part V   |            | <u> </u> |                |
|       |  |            | Yes      | No             |
|       | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 51  |            |          |                |
|       | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0  |            |          |                |
|       | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | <b>1</b> c | Yes      |                |
|       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |            |          |                |
|       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b         | Yes      |                |
|       | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |            | - 103    |                |
| 3а    | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |          | No             |
| b     | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b         |          |                |
|       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a         |          | No             |
|       | If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  |            |          |                |
| 5a    | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |          | No             |
|       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |          | No             |
|       | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 30         |          |                |
| ·     | If res, to fine 3a of 3b, and the organization me form 5000 fr.  | 5c         |          |                |
|       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6a         |          | No             |
| b     | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b         |          |                |
| 7     | Organizations that may receive deductible contributions under section 170(c).  |            |          |                |
| а     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a         |          | No             |
| b     | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |          |                |
| С     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c         |          | No             |
| d     | If "Yes," indicate the number of Forms 8282 filed during the year  |            |          |                |
| e     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |          | No             |
| e     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7e<br>7f   |          | No<br>No       |
|       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as   |            |          | NO             |
|       | required?  | 7g         |          |                |
| h     | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h         |          |                |
|       | Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8          |          |                |
| 02    | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |          |                |
|       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |          |                |
|       | Section 501(c)(7) organizations. Enter   |            |          |                |
|       | Initiation fees and capital contributions included on Part VIII, line 12   10a   |            |          |                |
|       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b   |            |          |                |
|       | Section 501(c)(12) organizations. Enter  |            |          |                |
|       | Gross income from members or shareholders  |            |          |                |
|       | Gross income from other sources (Do not net amounts due or paid to other sources   |            |          |                |
| _     | against amounts due or received from them )  |            |          |                |
| .2a   | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |          |                |
| b     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |            |          |                |
|       | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |          |                |
|       | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for   |            |          |                |
|       | additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans               | 13a        |          |                |
| r     | Enter the amount of reserves on hand   |            |          |                |
|       | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |          | No             |
|       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14a        |          | 110            |
|       | in res, has a med a rotti 720 to report these payments in No, provide an explanation in Schedule O   |            | orm 00   | <b>0</b> (2017 |

|                 | 990 (2017)   |             |                 | Page <b>b</b>  |  |  |  |  |  |  |
|-----------------|--|-------------|-----------------|----------------|--|--|--|--|--|--|
| Par             | <b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  | " respo     | nse to li       | ines           |  |  |  |  |  |  |
|                 | Check if Schedule O contains a response or note to any line in this Part VI  |             |                 | <b>✓</b>       |  |  |  |  |  |  |
| Se              | ction A. Governing Body and Management   | <del></del> | <u> </u>        |                |  |  |  |  |  |  |
| -               | ction A. Governing body and Planagement  |             | Yes             | No             |  |  |  |  |  |  |
| 1a              | Enter the number of voting members of the governing body at the end of the tax year 1a   | ;           |                 |                |  |  |  |  |  |  |
|                 | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O   | -           |                 |                |  |  |  |  |  |  |
| b               | Enter the number of voting members included in line 1a, above, who are independent  1b   |             |                 |                |  |  |  |  |  |  |
| 2               | 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |             |                 |                |  |  |  |  |  |  |
| 3               | 3  |             | No              |                |  |  |  |  |  |  |
| 4               | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4           |                 | No             |  |  |  |  |  |  |
| 5               | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5           |                 | No             |  |  |  |  |  |  |
| 6               | Did the organization have members or stockholders?   | 6           |                 | No             |  |  |  |  |  |  |
| 7a              | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a          |                 | No             |  |  |  |  |  |  |
| b               | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b          |                 | No             |  |  |  |  |  |  |
| 8               | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |             |                 |                |  |  |  |  |  |  |
| а               | The governing body?  | 8a          | Yes             |                |  |  |  |  |  |  |
| ь               | Each committee with authority to act on behalf of the governing body?  | 8b          | Yes             |                |  |  |  |  |  |  |
| 9               | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9           |                 | No             |  |  |  |  |  |  |
| Se              | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu  | e Code      | 9.)             |                |  |  |  |  |  |  |
|                 |  |             | Yes             | No             |  |  |  |  |  |  |
| 10a             | Did the organization have local chapters, branches, or affiliates?   | 10a         |                 | No             |  |  |  |  |  |  |
| b               | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b         |                 |                |  |  |  |  |  |  |
| 11a             | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a         | Yes             |                |  |  |  |  |  |  |
| b               | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |             |                 |                |  |  |  |  |  |  |
| 12a             | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a         | Yes             |                |  |  |  |  |  |  |
| b               | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b         | Yes             |                |  |  |  |  |  |  |
| С               | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c         | Yes             |                |  |  |  |  |  |  |
| 13              | Did the organization have a written whistleblower policy?  | 13          | Yes             |                |  |  |  |  |  |  |
| 14              | Did the organization have a written document retention and destruction policy?   | 14          | Yes             |                |  |  |  |  |  |  |
| 15              | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |             |                 |                |  |  |  |  |  |  |
| а               | The organization's CEO, Executive Director, or top management official   | 15a         | Yes             |                |  |  |  |  |  |  |
| b               | Other officers or key employees of the organization  | 15b         |                 | No             |  |  |  |  |  |  |
|                 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |             |                 |                |  |  |  |  |  |  |
| 16a             | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a         |                 | No             |  |  |  |  |  |  |
| b               | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b         |                 |                |  |  |  |  |  |  |
| <b>C</b> ^      | ction C. Disclosure  | 100         |                 | <u> </u>       |  |  |  |  |  |  |
| <u>5e</u><br>17 | List the States with which a copy of this Form 990 is required to be filed▶  |             |                 |                |  |  |  |  |  |  |
| 1/              | DC , AL , AK , AZ , AR , CA , CT , GA , IL ,<br>MA , MI , MO , NH , NJ , NY , NC , OH , OI<br>VA , WA , WV , WI , FL , OK  | R, PA,      | /,LA,I<br>RI,SC | MD ,<br>, TN , |  |  |  |  |  |  |
| 18              | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply   |             |                 |                |  |  |  |  |  |  |
| 19              | Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest  |             |                 |                |  |  |  |  |  |  |
| 20              | policy, and financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records   |             |                 |                |  |  |  |  |  |  |
|                 | ▶THE ORGANIZATION 1513 16TH STREET NW WASHINGTON, DC 200361480 (202) 483-6900  |             |                 | - (0017)       |  |  |  |  |  |  |

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| Check this box if neither the organization no             | r any related o   | ganızat         | tion c           | omp                                   | ens                                 | ated a        | ny c       | current officer, dire   | ctor, or trustee   |  |
|---|---|-----------------|------------------|---------------------------------------|-------------------------------------|---------------|------------|---|--|--|
| <b>(A)</b><br>Name and Title                              | (B) Average hours per week (list any hours for related organizations below dotted line) | Position than o | on (de<br>one be | (C<br>o no<br>ox, u<br>in of<br>tor/t | )<br>t ch<br>unle:<br>ficei<br>rust | eck moss pers | ore<br>son | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) MICHAEL FRANC<br>CHAIRMAN                             | 1 00  | X               | -                | x                                     |                                     | <u></u>       |            | 0   | 0  | 0  |
| (2) GIL COLLINS TRUSTEE EMERITUS                          | 0 00  | Х               |                  |                                       |                                     |               |            | 0   | 0  | 0  |
| (3) HONORABLE EDWIN MEESE III<br>DIRECTOR                 | 1 00  | Х               |                  |                                       |                                     |               |            | 0   | 0  | 0  |
| (4) WILLIAM MEYERSOHN<br>DIRECTOR                         | 1 00  | х               |                  |                                       |                                     |               |            | 0   | 0  | 0  |
| (5) TOM WINTER<br>DIRECTOR                                | 1 00  | х               |                  |                                       |                                     |               |            | 0   | 0  | 0  |
| (6) SCOTT WALTER<br>PRESIDENT                             | 50 00   |                 |                  | х                                     |                                     |               |            | 244,985   | 0  | 56,116   |
| (7) MICHAEL HARTMANN<br>SENIOR FELLOW & DIRECTOR          | 40 00   |                 |                  |                                       |                                     | ×             |            | 144,215   | 0  | 26,855   |
| (8) DAN THOMPSON<br>VP OF PHILANTHROPY AND DEVELOPMENT    | 40 00   |                 |                  |                                       |                                     | ×             |            | 123,656   | 0  | 22,697   |
| (9) KRISTEN EASTLICK<br>VP OF PROGRAMS AND COMMUNICATIONS | 40 00   |                 |                  |                                       |                                     | ×             |            | 116,166   | 0  | 17,530   |
| (10) MATTHEW VADUM<br>SENIOR VP                           | 40 00   |                 |                  |                                       |                                     | x             |            | 110,154   | 0  | 23,258   |
| (11) STEVEN ALLEN  VP & CHIEF INVESTIGATIVE OFFICER       | 40 00   |                 |                  |                                       |                                     | x             |            | 108,230   | 0  | 25,702   |
|   |   |                 |                  |                                       |                                     |               |            |   |  |  |
|   |   |                 |                  |                                       |                                     |               |            |   |  |  |

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (**F**) Estimated

Page 8

| 2611   | Section A. Officers, Direc   | tors, Trustees  | s, key   | Emp                   | loye    | es,          | , and i                      | пıgı   | nest com   | pensa                                    | ea employees                | (CON         | itinuea)                              |                            |
|--------|--|---|--|-----------------------|---------|--------------|------------------------------|--------|------------|--|-----------------------------|--------------|---------------------------------------|----------------------------|
|        | <b>(A)</b><br>Name and Title   | (B) Average hours per week (list any hours            | Position (do not check more than one box, unless person is both an officer and a director/trustee)  Rep comp |                       |         |              |                              |        |            | )<br>table<br>isation<br>the<br>tion (W- |                             |              | Estima<br>amount o<br>compens<br>from | ated<br>If other<br>sation |
|        |  | for related<br>organizations<br>below dotted<br>line) | Individu<br>or direc   | Institut              | Officer | key employee | Highest                      | Former | 2/1099     | -MISC)                                   | 2/1099-MISC                 | 2/1099-MISC) |                                       | on and<br>ed<br>ations     |
|        |  |   | individual trustee<br>or director  | Institutional Trustee |         | pleyee       | Highest compensated employee |        |            |  |                             |              |                                       |                            |
|        |  |   | ě.   | र्ग न                 |         |              | ाऽव्या€त                     |        |            |  |                             |              |                                       |                            |
|        |  |   |  |                       |         |              |                              |        |            |  |                             |              |                                       |                            |
|        |  |   |  |                       |         |              | $\vdash$                     |        |            |  |                             |              |                                       |                            |
|        |  |   |  |                       |         |              | <u> </u>                     |        |            |  |                             |              |                                       |                            |
|        |  |   |  |                       |         |              |                              |        |            |  |                             |              |                                       |                            |
|        |  |   |  |                       |         |              |                              |        |            |  |                             |              |                                       |                            |
| c T    | Sub-Total  | · · · · · · · · · · · · · · · · · · ·                 |  | · ·                   | •       |              | <b>*</b>                     |        | 84         | 7,406                                    |                             | 0            |                                       | 172,158                    |
| 2      | Total number of individuals (including of reportable compensation from the                   | g but not limited                                     | to thos  |                       |         | bove         | e) who                       | rece   | eived more | than \$                                  | 100,000                     | <u> </u>     |                                       | _                          |
|        |  |   |  |                       |         |              |                              |        |            |  |                             |              | Yes                                   | No                         |
| 3      | Did the organization list any <b>former</b><br>line 1a? <i>If "Yes," complete Schedule</i> . | J for such individ                                    | dual .   | •                     | •       | •            |                              | •      |            |  |                             | 3            |                                       | No                         |
| 4      | For any individual listed on line 1a, is organization and related organization individual    |   |  |                       |         |              |                              |        |            |  | m the                       | 4            | Yes                                   |                            |
| 5      | Did any person listed on line 1a recei<br>services rendered to the organization              |   |  |                       |         |              |                              |        |            | on or in                                 | dividual for                | 5            | i                                     | No                         |
|        | ction B. Independent Contract  |   |  |                       |         |              |                              |        |            |  | +100.000 5                  |              |                                       |                            |
| 1      | Complete this table for your five high from the organization Report compe                    |   |  |                       |         |              |                              |        |            |  |                             | mpei         | nsation                               |                            |
|        | Name   | (A)<br>and business addre                             | ess  |                       |         |              |                              |        |            | Des                                      | (B)<br>cription of services |              | (C<br>Compen                          |                            |
| MORG   | AN MEREDITH AND ASSOCIATES   |   |  |                       |         |              |                              |        | PI         | RINTING                                  | AND POSTAGE                 |              |                                       | 417,759                    |
| DULLE  | ) INDIAN CREEK DRIVE SUITE 100<br>ES, VA 20166<br>AN AND COMPANY                             |   |  |                       |         |              |                              |        |            | ONSULTI                                  | NG                          |              |                                       | 211,500                    |
| 1090   | VERMONT AVENUE NW<br>IINGTON, DC 20005   |   |  |                       |         |              |                              |        |            | 01430211                                 |                             |              |                                       | 211,500                    |
| 409 W  | SION FILMS  ASHINGTON STREET SUITE A   |   |  |                       |         |              |                              |        | M          | EDIA PRO                                 | DDUCTION                    |              |                                       | 154,546                    |
| HBP II | R FALLS, IA 50613<br>NC  |   |  |                       |         |              |                              |        | PI         | RINTING                                  | AND POSTAGE                 |              |                                       | 119,494                    |
|        | REDERICK STREET<br>RSTOWN, MD 21740  |   |  |                       |         |              |                              |        |            |  |                             |              |                                       |                            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 4

|   |            | (2017)  |                        |            |                     |             |              |                               |              |                                | Page <b>9</b>                                  |
|---|------------|---|------------------------|------------|---------------------|-------------|--------------|-------------------------------|--------------|--------------------------------|--|
| Part \  | 7/ 1       |   |                        |            |                     |             |              |                               |              |                                |  |
|   |            | Check if Schedul  | le O contains          | a respo    | onse or note to any | (4          | A)<br>evenue | (B<br>Relate<br>exer<br>funct | ed or<br>npt | (C) Unrelated business revenue | (D)  Revenue  excluded from tax under sections |
|   | 14         | <b>-</b>  |                        |            |                     |             |              | reve                          | nue          |                                | 512-514  |
| रु इ  |            |   | Federated campaigns 1a |            |                     |             |              |                               |              |                                |  |
| ran   |            | <b>b</b> Membership dues  |                        | 1b         |                     |             |              |                               |              |                                |  |
| يِّ ق   |            | <b>c</b> Fundraising events   |                        | 1c         |                     |             |              |                               |              |                                |  |
| ifts<br>ar 4  |            | <b>d</b> Related organizatio  | ons                    | 1d         |                     |             |              |                               |              |                                |  |
| 9 :   |            | e Government grants (c  | ontributions)          | 1e         |                     |             |              |                               |              |                                |  |
| ons<br>Sii  | 1          | <ul> <li>All other contributions<br/>and similar amounts n</li> </ul> |                        |            | 2 500 522           |             |              |                               |              |                                |  |
| Contributions, Giffs, Grants<br>and Other Similar Amounts |            | above   |                        | 1f         | 2,508,522           |             |              |                               |              |                                |  |
| 를<br>모  | !          | g Noncash contribution in lines 1a-1f \$                              | ons included           | 2,43       | 35                  |             |              |                               |              |                                |  |
| , pu  | <br> -     | Total.Add lines 1a-1  |                        |            | _                   |             |              |                               |              |                                |  |
|   | Ŀ          |   |                        |            |                     |             | .508,522     |                               |              | 1                              |  |
| E   | 2=         | PUBLICATIONS  |                        |            | Dusiness            | 900099      |              | 4,618                         | 4,6          | 18                             |  |
| 3   | 20         |   |                        |            |                     | 300033      |              | 4,010                         | 4,0          |                                |  |
| Program Service Revenue                                   | b          | ,   |                        |            |                     |             |              |                               |              |                                |  |
| )X  | d          |   |                        |            |                     |             |              |                               |              |                                |  |
| Š   | e          |   |                        | _          |                     |             |              |                               |              |                                |  |
| grar  | f          | All other program se  | ervice revenue         | <u> </u>   |                     |             |              |                               |              |                                |  |
| δ   | q          | Total.Add lines 2a-2i   | f                      | _          | <b>&gt;</b>         | 4,618       |              |                               |              |                                |  |
|   |            | Investment income (i  |                        |            | nterest and other   | 1           |              | Τ                             |              |                                |  |
|   | 9          | sımılar amounts) .  |                        |            | •                   | · <u> </u>  | 30,518       | 3                             |              |                                | 30,518   |
|   |            | Income from investme  |                        | -          |                     | <del></del> |              |                               |              |                                |  |
|   | 5          | Royalties   |                        |            |                     | ·           |              |                               |              |                                |  |
|   | 6-         | Gross rents   | (ı) Rea                | <u> </u>   | (II) Personal       | -           |              |                               |              |                                |  |
|   | -          | . Oross rema  |                        | 185        |                     |             |              |                               |              |                                |  |
|   | Ŀ          | Less rental expenses  |                        | 0          |                     |             |              |                               |              |                                |  |
|   | ,          | Rental income or  |                        | 185        |                     | -           |              |                               |              |                                |  |
|   |            | (loss)  |                        |            |                     | ]           |              |                               |              |                                |  |
|   | C          | Net rental income o   |                        |            | •                   |             | 185          |                               |              |                                | 185  |
|   | 7-         | Gross amount  | (ı) Securit            | ties       | (II) Other          | -           |              |                               |              |                                |  |
|   | <i>7</i> a | from sales of<br>assets other   |                        |            |                     |             |              |                               |              |                                |  |
|   |            | than inventory  |                        |            |                     |             |              |                               |              |                                |  |
|   | Ŀ          | Less cost or  |                        |            |                     | 1           |              |                               |              |                                |  |
|   |            | other basis and<br>sales expenses                                     |                        |            |                     |             |              |                               |              |                                |  |
|   |            | Gain or (loss)  |                        |            |                     |             |              |                               |              |                                |  |
|   |            | d Net gain or (loss)  |                        |            | <b>•</b>            |             |              | -                             |              |                                |  |
| e e   | oa         | Gross income from f<br>(not including \$                              |                        | ents<br>of |                     |             |              |                               |              |                                |  |
| Revenue   |            | contributions reporte<br>See Part IV, line 18                         |                        |            | ]                   |             |              |                               |              |                                |  |
| ě   | ŀ          | Less direct expense   |                        | . a<br>b   |                     | -           |              |                               |              |                                |  |
| <u>ہ</u> ا  |            | Net income or (loss)  |                        |            |                     | _           |              |                               |              |                                |  |
| Other   | 9a         | Gross income from g   |                        | ies        |                     | 1           |              |                               |              |                                |  |
| 0   |            | See Part IV, line 19  |                        | _          | ]                   |             |              |                               |              |                                |  |
|   | ŀ          | Less direct expense   | ac.                    | a<br>b     |                     | -           |              |                               |              |                                |  |
|   |            | : Net income or (loss)  |                        |            |                     | _           |              |                               |              |                                |  |
|   |            | aGross sales of invent  |                        |            |                     |             |              |                               |              |                                |  |
|   |            | returns and allowand  | ces                    | _          | ]                   |             |              |                               |              |                                |  |
|   | ŀ          | Less cost of goods s  | cold                   | a<br>b     |                     | -           |              |                               |              |                                |  |
|   |            | Net income or (loss)  |                        |            |                     | _           |              |                               |              |                                |  |
| -   | _          | Miscellaneous   |                        | inven      | Business Code       |             |              |                               |              |                                |  |
| -   | 11         | LaMISCELLANEOUS IN  | NCOME                  |            | 900099              | 9           | 1,009        | 9                             |              |                                | 1,009  |
|   |            |   |                        |            |                     |             |              |                               |              |                                |  |
|   | Ŀ          | ,   |                        |            |                     |             |              |                               |              |                                |  |
|   |            |   |                        |            |                     |             |              |                               |              |                                |  |
|   | c          | :   |                        |            |                     |             |              |                               |              |                                |  |
|   |            |   |                        |            |                     |             |              |                               |              |                                |  |
|   | c          | d All other revenue .   |                        |            |                     | +           |              |                               | +            |                                |  |
|   |            | Total. Add lines 11a  |                        |            | ▶                   |             |              |                               |              |                                |  |
|   | 12         | <b>? Total revenue.</b> See   | Instructions           |            |                     |             | 1,009        | 7                             | +            |                                |  |
|   |            |   |                        |            |                     |             | 2,544,852    | 2                             | 4,618        |                                | 0 31,712<br>Form <b>990</b> (2017)             |

c Accounting

d Lobbying . . . . . . .

f Investment management fees .

12 Advertising and promotion . 13 Office expenses . .

14 Information technology

**20** Interest . . . .

15 Royalties .

**17** Travel .

16 Occupancy .

23 Insurance .

d LIST RENTAL

e All other expenses

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates . . .

expenses on Schedule O )

a PRINTING AND COPYING

**b** POSTAGE AND SHIPPING

c EQUIPMENT RENTAL AND MA

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

| Form 990 (2017)  |                       |                              |   | Page <b>10</b>                    |
|--|-----------------------|------------------------------|---|-----------------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co  | olumns All other orga | anizations must comp         | olete column (A)                          |                                   |
| Check if Schedule O contains a response or note to any   | line in this Part IX  |                              |   | <u>V</u>                          |
| Do not include amounts reported on lines 6b,<br>7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraisingexpenses |
| Grants and other assistance to domestic organizations and<br>domestic governments See Part IV, line 21   |                       |                              |   |                                   |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22   |                       |                              |   |                                   |
| 3 Grants and other assistance to foreign organizations, foreign<br>governments, and foreign individuals See Part IV, line 15<br>and 16                 |                       |                              |   |                                   |
| 4 Benefits paid to or for members  |                       |                              |   |                                   |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 301,101               | 248,408                      | 20,701                                    | 31,992                            |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) |                       |                              |   |                                   |
| <b>7</b> Other salaries and wages  | 1,275,785             | 750,494                      | 324,780                                   | 200,511                           |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)  | 163,697               | 95,301                       | 42,168                                    | 26,228                            |
| 9 Other employee benefits  | 65,022                | 37,053                       | 17,373                                    | 10,596                            |
| <b>10</b> Payroll taxes  | 109,148               | 68,458                       | 24,295                                    | 16,395                            |
| 11 Fees for services (non-employees)   |                       |                              |   |                                   |
| a Management   |                       |                              |   |                                   |
| hlegel   | 23 729                | 7 716                        | 16.013                                    |                                   |

17,824

1,020,640

75,595

68,336

81,886

75,498

31,436

85,905

19,717

416,233

321,574

55,147

49,676

99,934

4,357,883

914,561

74,595

36,750

58,308

41,535

31,300

53,811

5,418

125,731

35,170

36,010

50,606

2,671,225

17,824

87,247

1,000

23,122

14,658

13,095

136

19,297

14,299

34,156

9,056

11,507

27,683

718,410

18,832

8,464

8,920

20,868

12,797

256,346

277,348

7,630

49,676

21,645

968,248

Form 990 (2017)

1

2

3

Check if Schedule O contains a response or note to any line in this Part  ${\rm IX}$ 

34

11,945,962 12,332,256

Form **990** (2017)

13,992,941

(A)

Page **11** 

(B)

|   | Beginning of year |   | End of year |
|---|-------------------|---|-------------|
| Cash-non-interest-bearing   | 93,481            | 1 | 535,914     |
| Savings and temporary cash investments  | 12,784,137        | 2 | 10,145,452  |
| Pledges and grants receivable, net  | 27,776            | 3 | 90,000      |
| Accounts receivable, net  |                   | 4 | 2,633       |
| Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L |                   | 5 |             |
| voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L  |                   | 7 |             |
| Inventories for sale or use   |                   | 8 |             |
| Prepaid expenses and deferred charges   | 30,668            | 9 | 22,135      |
|   |                   |   |             |

34

| 10a | basis Complete Part VI of Schedule D           | 10a         | 2,299,186 |            |             |            |
|-----|--|-------------|-----------|------------|-------------|------------|
| Ь   | Less accumulated depreciation                  | <b>10</b> b | 1,263,064 | 1,054,723  | <b>10</b> c | 1,036,122  |
| 11  | Investments—publicly traded securities .       | 2,156       | 11        |            |             |            |
| 12  | Investments—other securities See Part IV, line |             | 12        |            |             |            |
| 13  | Investments—program-related See Part IV, line  |             | 13        | 500,000    |             |            |
| 14  | Intangible assets                              |             | 14        |            |             |            |
| 15  | Other assets See Part IV, line 11              |             |           |            | 15          |            |
| 16  | Total assets.Add lines 1 through 15 (must equ  | al line     | 34)       | 13,992,941 | 16          | 12,332,256 |
| 17  | Accounts payable and accrued expenses          | 233,816     | 17        | 386,294    |             |            |
| 18  | Grants payable                                 |             | 18        |            |             |            |
| 10  | Defermed management                            |             |           |            | 10          |            |

| 0   | Less accumulated depreciation                  | TOD  | 1,263,064 | 1,054,725 | TOC | 1,036,122 |  |  |
|-----|--|--|-----------|-----------|-----|-----------|--|--|
| 11  | Investments—publicly traded securities .       | 2,156  | 11        |           |     |           |  |  |
| 12  | Investments—other securities See Part IV, line |  | 12        |           |     |           |  |  |
| 13  | Investments—program-related See Part IV, line  |  | 13        | 500,000   |     |           |  |  |
| 14  | Intangible assets                              |  | 14        |           |     |           |  |  |
| 15  | Other assets See Part IV, line 11              | Other assets See Part IV, line 11                        |           |           |     |           |  |  |
| 16  | Total assets.Add lines 1 through 15 (must equ  | Total assets.Add lines 1 through 15 (must equal line 34) |           |           |     |           |  |  |
| 17  | Accounts payable and accrued expenses          |  |           | 233,816   | 17  | 386,294   |  |  |
| 18  | Grants payable                                 |  | 18        |           |     |           |  |  |
| 140 | D - 6 - m - 1                                  |  |           |           | 40  |           |  |  |

|   | 14 | Intangible assets  |            | 14 |            |
|---|----|--|------------|----|------------|
|   | 15 | Other assets See Part IV, line 11                                    |            | 15 |            |
|   | 16 | Total assets.Add lines 1 through 15 (must equal line 34)             | 13,992,941 | 16 | 12,332,256 |
|   | 17 | Accounts payable and accrued expenses                                | 233,816    | 17 | 386,294    |
|   | 18 | Grants payable   |            | 18 |            |
|   | 19 | Deferred revenue   |            | 19 |            |
|   | 20 | Tax-exempt bond liabilities  |            | 20 |            |
| S | 21 | Escrow or custodial account liability Complete Part IV of Schedule D |            | 21 |            |
| ٥ | l  |  |            |    |            |

| Jilitie   | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified                          |         |    |         |
|-----------|----|---|---------|----|---------|
| ap<br>jap |    | persons Complete Part II of Schedule L  |         | 22 |         |
|           | 23 | Secured mortgages and notes payable to unrelated third parties  |         | 23 |         |
|           | 24 | Unsecured notes and loans payable to unrelated third parties  |         | 24 |         |
|           | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)  Complete Part X of Schedule D |         | 25 |         |
|           | 26 | Total liabilities. Add lines 17 through 25  | 233,816 | 26 | 386,294 |
|           | 1  |   |         |    |         |

| ances | 27 | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets                           | 13,546,894 | 27 | 11,779,525 |
|-------|----|---|------------|----|------------|
|       | 26 | Total liabilities.Add lines 17 through 25   | 233,816    | 26 | 386,294    |
|       | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)  Complete Part X of Schedule D |            | 25 |            |
|       | 24 | Unsecured notes and loans payable to unrelated third parties  |            | 24 |            |
|       |    |   |            |    |            |

|          | 25 | and other liabilities not included on lines 17-24)  Complete Part X of Schedule D                                   |            |    |            |
|----------|----|---|------------|----|------------|
|          | 26 | Total liabilities.Add lines 17 through 25   | 233,816    | 26 | 386,294    |
| Balances |    | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. |            |    |            |
| <u>5</u> | 27 | Unrestricted net assets   | 13,546,894 | 27 | 11,779,525 |
| Ba       | 28 | Temporarily restricted net assets   | 212,231    | 28 | 166,437    |
| Þ        | 29 | Permanently restricted net assets   |            | 29 |            |
| Fund     |    | Organizations that do not follow SFAS 117 (ASC 958),  |            |    |            |
| ٥        | 30 | check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds                 |            | 30 |            |
| sets     | 31 | Paid-in or capital surplus, or land, building or equipment fund   |            | 31 |            |
| As       | 32 | Retained earnings, endowment, accumulated income, or other funds  |            | 32 |            |
| Net      | 33 | Total net assets or fund balances   | 13,759,125 | 33 | 11,945,962 |
| Z        | 24 | Total liabilities and not accepte/fund balances   | 13 002 0/1 | 24 | 12 332 256 |

Total liabilities and net assets/fund balances

☐ Cash ☑ Accrual ☐ Other **1** Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in

Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Nο

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

separate basis, consolidated basis, or both Separate basis Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b Yes

☐ Both consolidated and separate basis

2c

3a

3b

Yes

Nο

Form 990 (2017)

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

#### Additional Data

Software ID:

Software Version:

**EIN:** 52-1289734

Name: CAPITAL RESEARCH CENTER

Form 990 (2017)

#### Form 990, Part III, Line 4a:

GENERAL RESEARCH - CRC CONDUCTS RESEARCH ON THE NONPROFIT SECTOR (INCLUDING INDIVIDUAL DONORS, FOUNDATIONS, CHARITIES, AND OTHER TAX-EXEMPT ORGANIZATIONS) AND PROVIDES THE PUBLIC WITH INFORMATION ON HOW THE SECTOR INFLUENCES POLITICS AND THE PUBLIC POLICY PROCESS CRC SHARES ITS RESEARCH THROUGH REGULAR PRINT PUBLICATIONS, A DYNAMIC WEBSITE (CAPITALRESEARCH ORG), AND OTHER OUTLETS CRC'S RESEARCH SPECIALTIES INCLUDE

INVESTIGATING POLITICAL ADVOCACY GROUPS, OTHER TAX-EXEMPT SPECIAL INTEREST ENTITIES (EDUCATION AND CONSUMER ADVOCACY GROUPS), SOCIAL WELFARE GROUPS, AND OTHERS, FOUNDATIONS, INDIVIDUAL DONORS, AND GRANT-MAKING ORGANIZATIONS, LABOR UNIONS, THEIR MISSION, FINANCIAL SUPPORT, ORGANIZING CAMPAIGNS, AND POLITICAL ACTIVITIES, AND ENVIRONMENTALIST GROUPS, THEIR MISSION, SOURCES OF SUPPORT, AND POLITICAL ACTIVITIES CRC

PRODUCED NINE (9) PRINT/MAGAZINE PUBLICATIONS OF LONG-FORM ARTICLES AND POPULATED THE WEBSITE WITH 10-15 POSTS PER WEEK OF ORIGINAL RESEARCH AND COMMENTARY IN ADDITION, CRC RELEASED THREE SPECIAL REPORTS (ON THE TRUTH BEHIND POLITICAL SPENDING, FUNDING FOR CLIMATE CHANGE RESEARCH, AND POLITICAL SPENDING PATTERNS AFTER THE CITIZENS UNITED SUPREME COURT DECISION) AND TWO PUBLICATIONS (TEAM JIHAD AND HOW YOU CAN SUCCEED AT PROTECTING YOUR LEGACY) IN 2017, CRC'S MEDIA APPEARANCES (INCLUDING OP-EDS, INTERVIEWS, REFERENCES IN THE MEDIA. AND OTHER CITATIONS IN OUTLETS LIKE FOX NEWS. THE HILL, THE ORANGE COUNTY REGISTER. THE WASHINGTON EXAMINER, THE DAILY CALLER. THE WASHINGTON TIMES. ETC.) INCREASED BY WELL

OVER 400 PERCENT FROM 2016 CRC'S RESEARCH IS DISTRIBUTED TO MEMBERS OF CONGRESS, ACADEMIC PROFESSIONALS, MEMBERS OF THE MEDIA, POLICYMAKERS, NONPROFIT ORGANIZATIONS, AND THE GENERAL PUBLIC

#### Form 990, Part III, Line 4b: INFLUENCE WATCH - IN AUGUST 2017, CRC LAUNCHED A NEW WEBSITE, INFLUENCEWATCH ORG, A WIKI-STYLE ONLINE RESOURCE OF FACT-BASED, ACCURATE DESCRIPTIONS OF THE VARIOUS INFLUENCERS OF PUBLIC POLICY DEBATES INFLUENCEWATCH STRIVES TO BE COMPREHENSIVE, PROVIDING FREQUENTLY UPDATED

PROFILES WRITTEN IN AN ACCURATE AND MEASURED TONE OVER TIME, INFLUENCEWATCH WILL BRING UNPRECEDENTED TRANSPARENCY TO THE FUNDING, MOTIVES. AND INTERCONNECTIONS OF THE ENTITIES PROFILED PROFILES INCLUDE ACTIVISTS/PEOPLE, NONPROFIT ENTITIES, FOR-PROFIT ENTITIES, LABOR UNIONS, POLITICAL

ACTION COMMITTEES, AGENCIES, LEGISLATION, AND MOVEMENTS AT LAUNCH, INFLUENCE WATCH FEATURED 3,500 SEPARATE PAGES, WITH 150 COMPLETED PROFILES

BY THE END OF THE YEAR, THE WEBSITE HAD GROWN TO 4,500 PAGES AND 350 FULL PROFILES AND WAS BEGINNING TO DEVELOP AN ORGANIC GROWTH IN TERMS OF

WEB TRAFFIC, LINKS, AND PAGE VIEWS

MEDIA PRODUCTION - CRC CONTINUED ITS EFFORTS TO EXPAND INTO FILM AND VIDEO COMMUNICATIONS CRC CREATED AND PRODUCED 40+ SHORT VIDEOS OF ONE TO THREE MINUTES FOR DISTRIBUTION ON MULTIPLE SOCIAL MEDIA PLATFORMS (PRIMARILY YOUTUBE AND FACEBOOK) CRC DELIBERATELY AIMED THESE VIDEOS TO NON-TRADITIONAL AUDIENCES, USING FACEBOOK'S PRECISION TARGETING TO ATTRACT THE ATTENTION OF 13- TO 44-YEAR-OLD VIEWERS, PARTICULARLY NON-CONSERVATIVE AUDIENCES BY THE END OF THE YEAR, CRC'S VIDEOS HAD REACHED WELL OVER 3 MILLION VIEWS ON FACEBOOK AND YOUTUBE COMBINED THROUGH THE DANGEROUS DOCUMENTARIES PROJECT, CRC ALERTED MILLIONS OF VIEWERS TO THE DANGERS POSED BY THE LEFT VIA A THREE-PART DOCUMENTARY SERIES "AMERICA UNDER SIEGE" (20 TO 25 MINUTES EACH) THAT DREW MASSIVE AUDIENCES UPWARDS OF 1 7 MILLION VIEWERS BETWEEN FACEBOOK AND YOUTUBE VIEWERS WERE PRESENTED WITH FACTS AND INFORMATION ABOUT ANTIFA AND OTHER RADICAL FORCES OF THE LEFT. THE FIRST INSTALLMENT, CIVIL WAR 2017.

DEPICTED THE LEFT'S UNHINGED REACTION TO PRESIDENT TRUMP'S INAUGURATION, AND FOX NEWS AIRED EXCLUSIVE UNDERCOVER FOOTAGE DURING FILMING THE THIRD INSTALLMENT, ANTIFA, WAS TELEVISED ON ONE AMERICA NEWS NETWORK FIVE TIMES, RECEIVING APPROXIMATELY 1 5 MILLION VIEWS ON TELEVISION ALONE,

Form 990, Part III, Line 4c:

PLUS AN ADDITIONAL MILLION VIEWS ONLINE ALSO THROUGH THE DANGEROUS DOCUMENTARIES PROJECT, CRC PROVIDED ESSENTIAL FUNDING FOR THE NO SAFE

SPACES FILM. HOSTED BY ADAM CAROLLA AND DENNIS PRAGER AND EXAMING THE ISSUES SURROUNDING FREE SPEECH AND INTELLECTUAL DIVERSITY ON COLLEGE CAMPUSES

| efil  | e GR/                | APHIC prii   | nt - DO NO                      | T PROCESS                                 | As Filed Data -  |   |                                     | DLN: 9:   | 3493319019398                |
|---|----------------------|--|---------------------------------|---|--|---|-------------------------------------|---|------------------------------|
| SCI   | H <b>ED</b><br>m 990 | ULE A  |                                 | Public (                                  | Charity Statu  | ion 501(c)(3) o<br>empt charitable  | organization or<br>trust.           | ort   | 2017                         |
| Department of the Treasury Internal Revenue Service |                      |  | ▶ Infe                          | ormation abou                             | ► Attach to Form<br>It Schedule A (Form<br>www.irs.a                                       |   |                                     | ictions is at   | Open to Public<br>Inspection |
| Nam   | e of th              | <del>nie Service</del><br><b>he organiza</b><br>EARCH CENTER |                                 |   | <u> </u>   |   |                                     | Employer identific                                    | · .                          |
|   |                      |  |                                 |   |  |   |                                     | 52-1289734  |                              |
|   | rt I                 |  |                                 |   | <b>us</b> (All organization<br>e it is (For lines 1 thro                                   |   |                                     | See instructions.                                     |                              |
| 1   | // gam/2             |  | •                               |   | sociation of churches  | -   |                                     | (A)(i)  |                              |
| 2   |                      | •  |                                 | ·   | 1)(A)(ii). (Attach Sch   |   |                                     |   |                              |
| 3   |                      |  |                                 |   |  | •   | • •                                 |   |                              |
| _   |                      | ·  | ·                               | ·   | vice organization desc   |   |                                     | •   |                              |
| 4   | Ш                    |  | esearch orga<br>and state $\_$  | nization operati                          | ed in conjunction with   | a nospital descri   | bed in <b>section</b> :             | 1/U(b)(1)(A)(III). E                                  | iter the hospital's          |
| 5   |                      | (b)(1)(A)  | ( <b>iv).</b> (Comple           | ete Part II )                             | t of a college or unive  |   |                                     |   | ped in <b>section 170</b>    |
| 6   |                      | •  | ·                               | -   | governmental unit de   |   |                                     |   |                              |
| 7   | ✓                    | -  |                                 | mally receives<br>[ <b>vi].</b> (Complete | a substantıal part of ıt<br>: Part II )  | s support from a  | governmental u                      | init or from the genera                               | al public described in       |
| 8   |                      | A communi  | ty trust descr                  | ribed in <b>sectior</b>                   | 170(b)(1)(A)(vi)   | (Complete Part I  | I)                                  |   |                              |
| 9   |                      |  |                                 |   | escribed in <b>170(b)(1)</b><br>ee instructions Enter                                      |   |                                     |   | ege or university or a       |
| 10  |                      | from activit   | ies related to<br>income and    | ıts exempt fur<br>unrelated busın         | (1) more than 331/39 octions—subject to cer ess taxable income (leading)                   | taın exceptions,  | and (2) no more                     | than 331/3% of its su                                 |                              |
| 11  |                      | An organiza  | ation organize                  | ed and operated                           | d exclusively to test fo   | r public safety S   | ee section 509                      | (a)(4).   |                              |
| 12  |                      | more public  | ly supported                    | organizations of                          | d exclusively for the be<br>described in <b>section 5</b><br>the type of supporting        | 09(a)(1) or sec   | ction 509(a)(2                      | ). See <mark>section 509(a</mark>                     |                              |
| а   |                      | <b>Type I.</b> A so  | supporting or<br>n(s) the power | ganization oper                           | ated, supervised, or cappoint or elect a majo  | ontrolled by its s  | upported organiz                    | zation(s), typically by                               |                              |
| b   |                      | <b>Type II.</b> A manageme                                   | supporting o<br>nt of the sup   | rganization sup                           | ervised or controlled i  |   |                                     |   |                              |
| С   |                      | Type III f   | unctionally i                   | ntegrated. A s                            | supporting organizatio<br>ions) <b>You must com</b>  |   |                                     |   | ted with, its                |
| d   |                      | Type III n<br>functionally                                   | on-function<br>integrated       | ally integrate<br>The organizatio         | d. A supporting organ<br>n generally must satis<br>t IV, Sections A and                    | ization operated<br>fy a distribution   | in connection wi<br>requirement and | th its supported orgar                                |                              |
| e   |                      | Check this   | box if the org                  | anızatıon recei                           | ved a written determir   | nation from the I   |                                     | pe I, Type II, Type II                                | I functionally               |
| f   | Enter                |  | • •                             | on-functionally<br>  organizations        | integrated supporting  | organization  |                                     |   |                              |
| g   |                      |  |                                 | -   | ipported organization(   | s)  |                                     | _   |                              |
|   | (i) N                | Name of supp<br>organization                                 |                                 | (ii) EIN                                  | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions)) | (iv) Is the organization listed in your governing document? (v) Amount of monetary support othe (see instructions) ir |                                     | (vi) Amount of<br>other support (see<br>instructions) |                              |
|   |                      |  |                                 |   |  | Yes   | No                                  |   |                              |
|   |                      |  |                                 |   |  |   |                                     |   |                              |
|   |                      |  |                                 |   |  |   |                                     |   |                              |
| Tota  |                      |  | tion Act Not                    |   |  | Cat No 11285  |                                     | <br>Schedule A (Form 9                                |                              |

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total (or fiscal year beginning in) ▶

| 1  | Gifts, grants, contributions, and      |           |                 |           |           |           |           |
|----|--|-----------|-----------------|-----------|-----------|-----------|-----------|
| 1  | membership fees received (Do not       | 1,331,301 | 1,191,748       | 1,568,545 | 1,825,771 | 2,508,522 | 8,425,887 |
|    | include any "unusual grant ")          | 1,331,301 | 1,191,740       | 1,300,343 | 1,023,771 | 2,300,322 | 0,423,007 |
| 2  | Tax revenues levied for the            |           |                 |           |           |           |           |
| _  | organization's benefit and either paid |           |                 |           |           |           |           |
|    | to or expended on its behalf           |           |                 |           |           |           |           |
| 3  | The value of services or facilities    |           |                 |           |           |           |           |
| 3  |  |           |                 |           |           |           |           |
|    | furnished by a governmental unit to    |           |                 |           |           |           |           |
| l. | the organization without charge        | 4 224 204 | 1 101 710       | 4 560 545 | 4 025 774 | 2 500 522 | 0.425.007 |
| 4  | Total. Add lines 1 through 3           | 1,331,301 | 1,191,748       | 1,568,545 | 1,825,771 | 2,508,522 | 8,425,887 |
| 5  | The portion of total contributions by  |           |                 |           |           |           |           |
|    | each person (other than a              |           |                 |           |           |           |           |
|    | governmental unit or publicly          |           |                 |           |           |           |           |
|    | supported organization) included on    |           |                 |           |           |           | 1,584,598 |
|    | line 1 that exceeds 2% of the          |           |                 |           |           |           |           |
|    | amount shown on line 11, column (f)    |           |                 |           |           |           |           |
| 6  | Public support. Subtract line 5 from   |           |                 |           |           |           | 6,841,289 |
|    | line 4                                 |           |                 |           |           |           |           |
|    | Section B. Total Support               |           |                 |           |           |           |           |
|    | Calendar year                          | (a)2013   | <b>(b)</b> 2014 | (c)2015   | (d)2016   | (e)2017   | (f)Total  |
|    | (or fiscal year beginning in) ▶        |           | . ,             | ` ,       | ` '       | ` '       |           |
| 7  | Amounts from line 4                    | 1,331,301 | 1,191,748       | 1,568,545 | 1,825,771 | 2,508,522 | 8,425,887 |
| 8  | Gross income from interest,            |           |                 |           |           |           |           |
|    | dividends, payments received on        | 611,043   | 449,859         | 376,486   | 242,103   | 30,703    | 1,710,194 |
|    | securities loans, rents, royalties and | 011,043   | 449,639         | 370,400   | 242,103   | 30,703    | 1,710,194 |
|    | income from similar sources            |           |                 |           |           |           |           |
| 9  | Net income from unrelated business     |           |                 |           |           |           |           |
|    | activities, whether or not the         |           |                 |           |           |           |           |
|    | business is regularly carried on       |           |                 |           |           |           |           |
| 10 | Other income Do not include gain       |           |                 |           |           |           |           |
|    |  | 2 521     | 2.490           | 14 106    | 7 1 2 2   | 1 000     | 1 024     |

| _  |   |           |                 |           |           |                 |            |
|----|---|-----------|-----------------|-----------|-----------|-----------------|------------|
|    | Calendar year<br>(or fiscal year beginning in) ▶  | (a)2013   | <b>(b)</b> 2014 | (c)2015   | (d)2016   | <b>(e)</b> 2017 | (f)Total   |
| 7  | Amounts from line 4   | 1,331,301 | 1,191,748       | 1,568,545 | 1,825,771 | 2,508,522       | 8,425,887  |
| 8  | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties and<br>income from similar sources | 611,043   | 449,859         | 376,486   | 242,103   | 30,703          | 1,710,194  |
| 9  | Net income from unrelated business activities, whether or not the business is regularly carried on                                      |           |                 |           |           |                 |            |
| 10 | Other income Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI )                                    | 2,531     | 2,489           | -14,196   | 7,133     | 1,009           | -1,034     |
| 11 | Total support. Add lines 7 through  |           |                 |           |           |                 | 10,135,047 |

12 Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage

20.524

Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 67 500 % 15 Public support percentage for 2016 Schedule A, Part II, line 14 63 800 % 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶ ☑ and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

h 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

| Р   | art IIII Support Schedule for  |                       |   |                       |                     |                    |                |
|-----|--|-----------------------|---|-----------------------|---------------------|--------------------|----------------|
|     | (Complete only if you cl   |                       |   |                       |                     |                    | er Part II. If |
| -   | the organization fails to  | qualify under         | the tests listed                        | below, please co      | omplete Part II.    | )                  |                |
| 36  | ection A. Public Support  Calendar year                                    |                       | Γ                                       | I                     | I                   | I                  |                |
|     | (or fiscal year beginning in) ▶  | <b>(a)</b> 2013       | <b>(b)</b> 2014                         | (c) 2015              | (d) 2016            | (e) 2017           | (f) Total      |
| 1   | Gifts, grants, contributions, and  |                       |   |                       |                     |                    |                |
|     | membership fees received (Do not   |                       |   |                       |                     |                    |                |
| _   | include any "unusual grants ")   |                       |   |                       |                     |                    |                |
| 2   | Gross receipts from admissions, merchandise sold or services               |                       |   |                       |                     |                    |                |
|     | performed, or facilities furnished in                                      |                       |   |                       |                     |                    |                |
|     | any activity that is related to the  |                       |   |                       |                     |                    |                |
|     | organization's tax-exempt purpose  |                       |   |                       |                     |                    |                |
| 3   | Gross receipts from activities that are not an unrelated trade or business |                       |   |                       |                     |                    |                |
|     | under section 513  |                       |   |                       |                     |                    |                |
| 4   | Tax revenues levied for the  |                       |   |                       |                     |                    |                |
|     | organization's benefit and either paid                                     |                       |   |                       |                     |                    |                |
| _   | to or expended on its behalf   |                       |   |                       |                     |                    |                |
| 5   | The value of services or facilities furnished by a governmental unit to    |                       |   |                       |                     |                    |                |
|     | the organization without charge  |                       |   |                       |                     |                    |                |
| 6   | <b>Total.</b> Add lines 1 through 5  |                       |   |                       |                     |                    |                |
| 7a  | Amounts included on lines 1, 2, and  |                       |   |                       |                     |                    |                |
|     | 3 received from disqualified persons                                       |                       |   |                       |                     |                    |                |
| b   | Amounts included on lines 2 and 3  |                       |   |                       |                     |                    |                |
|     | received from other than disqualified persons that exceed the greater of   |                       |   |                       |                     |                    |                |
|     | \$5,000 or 1% of the amount on line  |                       |   |                       |                     |                    |                |
|     | 13 for the year  |                       |   |                       |                     |                    |                |
|     | Add lines 7a and 7b  |                       |   |                       |                     |                    |                |
| 8   | Public support. (Subtract line 7c  |                       |   |                       |                     |                    |                |
| C.  | from line 6 ) ection B. Total Support                                      |                       | 1                                       |                       |                     |                    |                |
| -   | Calendar year  |                       |   | 1                     | 1                   | I                  | 1              |
|     | (or fiscal year beginning in) ▶  | (a) 2013              | <b>(b)</b> 2014                         | (c) 2015              | (d) 2016            | (e) 2017           | (f) Total      |
| 9   | Amounts from line 6  |                       |   |                       |                     |                    |                |
| .0a | Gross income from interest,  |                       |   |                       |                     |                    |                |
|     | dividends, payments received on  |                       |   |                       |                     |                    |                |
|     | securities loans, rents, royalties and income from similar sources         |                       |   |                       |                     |                    |                |
| Ь   | Unrelated business taxable income  |                       |   |                       |                     |                    |                |
| _   | (less section 511 taxes) from  |                       |   |                       |                     |                    |                |
|     | businesses acquired after June 30,   |                       |   |                       |                     |                    |                |
| _   | 1975   |                       |   |                       |                     |                    |                |
| 11  | Add lines 10a and 10b  Net income from unrelated business                  |                       |   |                       |                     |                    |                |
|     | activities not included in line 10b,                                       |                       |   |                       |                     |                    |                |
|     | whether or not the business is   |                       |   |                       |                     |                    |                |
|     | regularly carried on   |                       |   |                       |                     |                    |                |
| 12  | Other income Do not include gain or loss from the sale of capital assets   |                       |   |                       |                     |                    |                |
|     | (Explain in Part VI )  |                       |   |                       |                     |                    |                |
| 13  |  |                       |   |                       |                     |                    |                |
|     | 11, and 12)  |                       |   |                       | 1                   |                    | L              |
| 14  | First five years. If the Form 990 is for                                   | r the organization    | n's first, second, ti                   | nird, fourth, or fift | n tax year as a se  | ection 501(c)(3) o |                |
| _   | check this box and stop here   |                       |   |                       |                     |                    | ▶⊔             |
|     | ection C. Computation of Public S  Public support percentage for 2017 (lin |                       |   | column (f))           |                     | 1.4=1              |                |
| 15  |  | ,                     |   | column (1))           |                     | 15                 |                |
| 16  | Public support percentage from 2016 S                                      |                       |   |                       |                     | 16                 |                |
|     | ection D. Computation of Investr   |                       |   | line 12 (C            | 5//                 | 1 4- 1             |                |
| 17  | Investment income percentage for 201                                       | •                     | • | iine 13, column (f    | "))                 | 17                 |                |
| 18  | Investment income percentage from 20                                       | ·                     | •                                       |                       |                     | 18                 |                |
| 19a | <b>33</b> 1/3% <b>support tests—2017.</b> If the o                         | organization did i    | not check the box                       | on line 14, and lir   | ne 15 is more thar  | n 33 1/3%, and lin | _              |
|     | more than 33 $1/3\%$ , check this box and $s$                              | -                     |   |                       |                     |                    | ▶ □            |
| b   | <b>33 1/3% support tests—2016.</b> If the                                  | e organization did    | not check a box                         | on line 14 or line    | 19a, and line 16 is | more than 33 1/    |                |
|     | not more than 33 1/3%, check this box                                      | and <b>stop here.</b> | The organization                        | qualifies as a publ   | icly supported org  | janization         | ▶ □            |
| 20  | Private foundation. If the organization                                    | on did not check a    | a box on line 14, 1                     | l9a, or 19b, check    | this box and see    | instructions       | ightharpoons   |

Page 4

5b

5c

6

7

8

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

organization's organizing document?

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

6

7

8

10a

answer line 10b below

| _ |  |      |          |
|---|--|------|----------|
|   |  | Yes  | No       |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, |      |          |
|   | describe the decignation. If historic and continuing relationship, explain   | <br> | <b>├</b> |

| describe the designation If historic and continuing relationship, explain   | 1 | Ι |
|---|---|---|
| Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described |   |   |
| ın section 509(a)(1) or (2)   | 2 | Ι |
|   |   |   |

|    | describe the designation If historic and continuing relationship, explain   | 1  |               |
|----|---|----|---------------|
| 2  | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described |    |               |
|    | ın section 509(a)(1) or (2)   | 2  |               |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)  |    |               |
|    | below   | 3a |               |
| _  |   |    | $\overline{}$ |

|    | (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(   |    |  |
|----|--|----|--|
|    | ın section 509(a)(1) or (2)  | 2  |  |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)   |    |  |
|    | below  | 3a |  |
| b  | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the |    |  |
|    | determination  | 3b |  |
| •  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(R) numbers?  |    |  |

|    | below  | 3a |   |  |
|----|--|----|---|--|
| b  | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the |    |   |  |
|    | determination  | 3b |   |  |
| c  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?   |    |   |  |
|    | If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use   |    |   |  |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you  |    | · |  |
|    | checked 12a or 12b in Part I, answer (b) and (c) below   |    |   |  |

|    | determination   | 3b | 1 |  |
|----|---|----|---|--|
| С  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use |    |   |  |
|    |   |    |   |  |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below  |    |   |  |
|    |   |    |   |  |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported   |    |   |  |
|    | organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations                           | 4b |   |  |
| С  | Did the organization support any foreign supported organization that does not have an IRS determination under sections  |    |   |  |
|    | 501(c)(3) and $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support   |    | 1 |  |

|    |  | 4a |          |  |
|----|--|----|----------|--|
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported  |    |          |  |
|    | organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations  | 4b |          |  |
| С  | Did the organization support any foreign supported organizations that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes                  |    |          |  |
|    |  |    |          |  |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the |    |          |  |
|    | organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)   |    | <u> </u> |  |
| b  | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the  |    |          |  |

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
                                                                                                                               9a
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Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
organization had an interest? If "Yes," provide detail in Part VI.
                                                                                                                                 9b
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|    | leddie A (10111 990 01 990-LZ) 2017   |              |         | age 3 |  |  |
|----|---|--------------|---------|-------|--|--|
| Pa | Supporting Organizations (continued)  |              |         |       |  |  |
|    |   |              | Yes     | No    |  |  |
|    | Has the organization accepted a gift or contribution from any of the following persons?   |              |         |       |  |  |
| а  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?   | 11a          |         |       |  |  |
| b  | A family member of a person described in (a) above?   | 11b          |         |       |  |  |
|    | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI  | 11c          |         |       |  |  |
|    | Section B. Type I Supporting Organizations  |              |         |       |  |  |
|    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |              | Yes     | No    |  |  |
| 1  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>P VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | art          |         |       |  |  |
| 2  | 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization  |              |         |       |  |  |
|    | Carting C. Tong II Comparing Operations   |              |         |       |  |  |
| 3  | Section C. Type II Supporting Organizations   |              | Yes     | No    |  |  |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the   | s of         | 103     |       |  |  |
|    | supporting organization was vested in the same persons that controlled or managed the supported organization(s)   | 1            |         |       |  |  |
| S  | Section D. All Type III Supporting Organizations  |              |         |       |  |  |
|    |   |              | Yes     | No    |  |  |
| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  |              |         |       |  |  |
|    |   |              |         |       |  |  |
| 2  | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)  | ın           |         |       |  |  |
|    |   | 2            |         |       |  |  |
| 3  | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard  |              |         |       |  |  |
| _  | Section E. Type III Functionally-Integrated Supporting Organizations  |              |         |       |  |  |
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr  | uctions)     |         |       |  |  |
| _  | a  The organization satisfied the Activities Test Complete line 2 below   | ,            |         |       |  |  |
|    | b  The organization is the parent of each of its supported organizations Complete line 3 below  |              |         |       |  |  |
|    | c  The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity is   | see instru   | ctions) |       |  |  |
|    |   |              | ,       |       |  |  |
| 2  | Activities Test Answer (a) and (b) below.   |              | Yes     | No    |  |  |
|    | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  | ed 2a        |         |       |  |  |
|    | <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization involvement   | ′s <b>2b</b> |         |       |  |  |
| 3  | Parent of Supported Organizations Answer (a) and (b) below.   |              |         |       |  |  |
|    | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in <b>Part VI</b> .   | of <b>3a</b> |         |       |  |  |
|    | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard</i>  | 3b           |         |       |  |  |
|    |   |              |         |       |  |  |

Page **6** 

| Par | Type III Non-Functionally Integrated 509(a)(3) Supporting O  | rgani   | izations       |                                |
|-----|--|---------|----------------|--------------------------------|
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.                                |         |                |                                |
|     | Section A - Adjusted Net Income  |         | (A) Prior Year | (B) Current Year<br>(optional) |
| 1   | Net short-term capital gain  | 1       |                |                                |
| 2   | Recoveries of prior-year distributions   | 2       |                |                                |
| 3   | Other gross income (see instructions)  | 3       |                |                                |
| 4   | Add lines 1 through 3  | 4       |                |                                |
| 5   | Depreciation and depletion   | 5       |                |                                |
| 6   | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6       |                |                                |
| 7   | Other expenses (see instructions)  | 7       |                |                                |
| 8   | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8       |                |                                |
|     | Section B - Minimum Asset Amount   |         | (A) Prior Year | (B) Current Year<br>(optional) |
| 1   | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   | 1       |                |                                |
| a   | Average monthly value of securities  | 1a      |                |                                |
| b   | Average monthly cash balances  | 1b      |                |                                |
| С   | Fair market value of other non-exempt-use assets   | 1c      |                |                                |
| d   | Total (add lines 1a, 1b, and 1c)   | 1d      |                |                                |
| е   | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |         |                |                                |
| 2   | Acquisition indebtedness applicable to non-exempt use assets   | 2       |                |                                |
| 3   | Subtract line 2 from line 1d   | 3       |                |                                |
| 4   | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  | 4       |                |                                |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5       |                |                                |
| 6   | Multiply line 5 by 035   | 6       |                |                                |
| 7   | Recoveries of prior-year distributions   | 7       |                |                                |
| 8   | Minimum Asset Amount (add line 7 to line 6)  | 8       |                |                                |
|     | Section C - Distributable Amount   |         |                | Current Year                   |
| 1   | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1       |                |                                |
| 2   | Enter 85% of line 1  | 2       |                |                                |
| 3   | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3       |                |                                |
| 4   | Enter greater of line 2 or line 3  | 4       |                |                                |
| 5   | Income tax imposed in prior year   | 5       |                |                                |
| 6   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6       |                |                                |
| 7   | Check here if the current year is the organization's first as a non-functionally-in instructions)  | ntegrat |                | ganization (see                |

| 3  | Administrative expenses paid to accomplish exempt purposes of supported organizations  | <u> </u> |
|----|--|----------|
| 4  | Amounts paid to acquire exempt-use assets  |          |
| 5  | Qualified set-aside amounts (prior IRS approval required)  |          |
| 6  | Other distributions (describe in <b>Part VI</b> ) See instructions   |          |
| 7  | Total annual distributions. Add lines 1 through 6  |          |
| 8  | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions |          |
| 9  | Distributable amount for 2017 from Section C, line 6   |          |
| 10 | Line 8 amount divided by Line 9 amount   |          |

| 8  | Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions | sive (provide               |  |   |
|----|---|-----------------------------|--|---|
| 9  | Distributable amount for 2017 from Section C, line 6  |                             |  |   |
| 10 | Line 8 amount divided by Line 9 amount  |                             |  |   |
|    | Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |
| 1  | Distributable amount for 2017 from Section C, line<br>6   |                             |  |   |
|    |   |                             |  |   |

| details in <b>Part VI</b> ) See instructions |  |   |  |  |  |
|--|--|---|--|--|--|
|  |  |   |  |  |  |
|  |  |   |  |  |  |
| (i)<br>Excess Distributions                  | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |  |  |  |
|  |  |   |  |  |  |
|  |  |   |  |  |  |
|  |  |   |  |  |  |
|  | (i)                                    | (i) (ii) Underdistributions               |  |  |  |

| 9 Distributable amount for 2017 from Section C, line 6  |                             |  |   |
|---|-----------------------------|--|---|
| 10 Line 8 amount divided by Line 9 amount   |                             |  |   |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |
| Distributable amount for 2017 from Section C, line     6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2017<br>(reasonable cause required explain in Part VI)<br>See instructions |                             |  |   |
| 3 Excess distributions carryover, if any, to 2017   |                             |  |   |
| a   |                             |  |   |
| <b>b</b> From 2013  |                             |  |   |
| c From 2014   |                             |  | _   |
| d From 2015   |                             |  |   |

e From 2016. . . . . . f Total of lines 3a through e

**d** Excess from 2016. . . . e Excess from 2017. . . . .

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

| c Remainder Subtract lines 4a and 4b from 4  |  |  |
|--|--|--|
| <b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions |  |  |
| 6 Remaining underdistributions for 2017 Subtract<br>lines 3h and 4b from line 1 If the amount is greater<br>than zero, explain in Part VI See instructions                         |  |  |
| <b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c   |  |  |

| lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions |  |  |
|---|--|--|
| <b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c                    |  |  |
| 8 Breakdown of line 7   |  |  |
| a Excess from 2013  |  |  |
| <b>b</b> Excess from 2014   |  |  |
| c Excess from 2015  |  |  |

Schedule A (Form 990 or 990-EZ) (2017)

### Additional Data

#### Software ID: Software Version:

**EIN:** 52-1289734

Name: CAPITAL RESEARCH CENTER

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Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See

instructions) Facts And Circumstances Test

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

**Supplemental Financial Statements** 

OMB No 1545-0047

DLN: 93493319019398

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection** Employer identification number

| CAF    | PITAL RESEARCH CENTER  |                          |               |                                       | 52-12                    | 89734                        |               |
|--------|--|--------------------------|---------------|---------------------------------------|--------------------------|------------------------------|---------------|
| Pa     | art I Organizations Maintaining Donor Advi   |                          |               |                                       | or Acco                  | unts.                        |               |
|        | Complete if the organization answered "Ye  |                          |               |                                       | · .                      |                              |               |
| i      | Total number at end of year  | (a) Donor ad             | lvise         | ed funds                              | + (                      | <b>b)</b> Funds and other    | accounts      |
| •      | Aggregate value of contributions to (during year)  |                          |               |                                       | +                        |                              |               |
| -<br>t | Aggregate value of grants from (during year)   |                          |               |                                       | +                        |                              |               |
|        | Aggregate value at end of year   |                          |               |                                       |                          |                              |               |
| 5      | Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex  |                          | sset          | s held in donor                       | advised fu               | _                            | Yes 🗆 No      |
| 5      | Did the organization inform all grantees, donors, and do<br>charitable purposes and not for the benefit of the donor<br>private benefit?   |                          |               |                                       |                          | only for<br>ig impermissible | Yes No        |
| Pa     | rt II Conservation Easements. Complete if th   | ie organization answ     | vere          | ed "Yes" on Fo                        | rm 990,                  | Part IV, line 7.             |               |
| L      | Purpose(s) of conservation easements held by the organ   | nization (check all that | арр           | oly)                                  |                          |                              |               |
|        | $\square$ Preservation of land for public use (e g , recreation  | n or education)          | ]             | Preservation of a                     | an historica             | ally important land          | area          |
|        | Protection of natural habitat  |                          | ]             | Preservation of a                     | certified                | historic structure           |               |
|        | Preservation of open space   |                          |               |                                       |                          |                              |               |
| 2      | Complete lines 2a through 2d if the organization held a  | qualified conservation   | con           | tribution in the f                    | orm of a c               | conservation                 |               |
|        | easement on the last day of the tax year   |                          |               |                                       | . –                      | Held at the End              | of the Year   |
| а      | Total number of conservation easements   |                          |               |                                       | 2a                       |                              |               |
| b      | Total acreage restricted by conservation easements   |                          |               |                                       | 2b                       |                              |               |
| C      | Number of conservation easements on a certified histori  |                          | ` ′           |                                       | 2c                       |                              |               |
| d      | Number of conservation easements included in (c) acqui<br>structure listed in the National Register  | red after 8/17/06, and   | l not         | on a historic                         | 2d                       |                              |               |
| 3      | Number of conservation easements modified, transferre tax year ▶   | d, released, extinguish  | ned,          | or terminated b                       | y the orga               | inization during the         | <b>:</b>      |
| Ļ      | Number of states where property subject to conservatio   | n easement is located    | <b>&gt;</b>   |                                       |                          |                              |               |
| 5      | Does the organization have a written policy regarding the and enforcement of the conservation easements it holds   |                          | ıns           | pection, handlin                      | g of violati             | ons,                         | П No          |
| 5      | Staff and volunteer hours devoted to monitoring, inspec  | ting, handling of violat | tions         | , and enforcing                       | conservat                |                              |               |
| ,      | Amount of expenses incurred in monitoring, inspecting,  \$   | handling of violations,  | and           | l enforcing cons                      | ervation ea              | asements during th           | ne year       |
| 3      | Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$ ?   | above satisfy the requ   | ıırer         | nents of section                      | 170(h)(4)                | (B)(ı) <b>Yes</b>            | □ No          |
| )      | In Part XIII, describe how the organization reports cons<br>balance sheet, and include, if applicable, the text of the<br>the organization's accounting for conservation easemen | footnote to the organiz  | ıts ı<br>zatı | revenue and exp<br>on's financial sta | ense state<br>Itements t | ement, and<br>hat describes  |               |
| a      | <b>Organizations Maintaining Collections</b> Complete if the organization answered "Ye   |                          |               |                                       | her Sim                  | ilar Assets.                 |               |
| La     | If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan | public exhibition, educ  | atıo          | n, or research ir                     | n furtherar              |                              |               |
| b      | If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items                     |                          |               |                                       |                          |                              |               |
| (      | (i) Revenue included on Form 990, Part VIII, line 1  |                          |               |                                       |                          | <b>&gt;</b> \$               |               |
| (      | ii)Assets included in Form 990, Part X   |                          |               |                                       |                          | <b>▶</b> \$                  |               |
| 2      | If the organization received or held works of art, historic following amounts required to be reported under SFAS   |                          |               |                                       | nancıal gaı              |                              |               |
| а      | Revenue included on Form 990, Part VIII, line 1  |                          |               |                                       |                          | <b>▶</b> \$                  |               |
| b      | Assets included in Form 990, Part X  |                          |               |                                       |                          | <b>▶</b> \$                  |               |
| or     | Paperwork Reduction Act Notice, see the Instruction  | ns for Form 990.         |               | Cat N                                 | o 52283D                 | Schedule D (F                | orm 990) 2017 |

| Pai        | t III        | Organizations Maintaining Co  | ollections of Art,     | Histori      | ical T      | reası   | ires, or Oth   | er Similar A     | Assets (d  | ontinued)         | )         |
|------------|--------------|---|------------------------|--------------|-------------|---------|----------------|------------------|------------|-------------------|-----------|
| 3          |              | g the organization's acquisition, accessi<br>s (check all that apply)                   | on, and other records  | s, check     | any of      | the fo  | llowing that a | re a significant | use of its | collection        | 1         |
| а          |              | Public exhibition   |                        | d            |             | Loan    | or exchange    | programs         |            |                   |           |
| b          |              | Scholarly research  |                        | е            |             | Othe    | r              |                  |            |                   |           |
| С          |              | Preservation for future generations   |                        |              |             |         |                |                  |            |                   |           |
| 4          | Prov<br>Part | ide a description of the organization's co  | ollections and explair | how the      | ey furtl    | her the | e organization | 's exempt purp   | ose in     |                   |           |
| 5          |              | ng the year, did the organization solicit<br>ts to be sold to raise funds rather than t |                        |              |             |         |                |                  | ☐ Ye       | s 🗆               | No        |
| Pa         | rt IV        | Escrow and Custodial Arrang<br>Complete if the organization ans<br>X, line 21.          |                        | orm 990      | ), Part     | IV, lı  | ne 9, or rep   | orted an amo     | unt on F   | orm 990           | , Part    |
| 1a         |              | e organization an agent, trustee, custod<br>ded on Form 990, Part X?                    | dian or other interme  | diary for    | contri      | bution  | s or other ass | ets not          | ☐ Ye       | s 🗆               | No        |
| b          | If "Y        | es," explain the arrangement in Part XI   | II and complete the f  | ollowing     | table       |         |                |                  | Amount     |                   |           |
| С          | Begii        | nning balance   |                        |              |             |         | 1c             |                  |            |                   |           |
| d          | Addı         | tions during the year   |                        |              |             |         | 1d             |                  |            |                   |           |
| е          | Dıstr        | abutions during the year  |                        |              |             |         | 1e             |                  |            |                   |           |
| f          | Endi         | ng balance  |                        |              |             |         | <b>1</b> f     |                  |            |                   |           |
| <b>2</b> a | Did t        | he organization include an amount on F  | orm 990, Part X, line  | 21, for      | escrov      | v or cu | stodial accour | nt liability?    | ☐ Ye       | s 🗆               | No        |
| b          | If "Y        | es," explain the arrangement in Part XII  | II Check here if the   | explanat     | ion has     | s been  | provided in P  | art XIII         |            | _                 |           |
| Pä         | art V        | Endowment Funds. Complete   | ıf the organızatıon    | answei       | red "Y      | es" or  | n Form 990,    | Part IV, line    | 10.        |                   |           |
| _          | _            |   | (a)Current year        | <b>(b)</b> P | rior yea    | r       | (c)Two years b | ack (d)Three y   | ears back  | (e)Four ye        | ars back  |
|            | _            | ning of year balance  |                        |              |             |         |                |                  |            |                   |           |
|            |              | butions   |                        |              |             |         |                |                  |            |                   |           |
|            |              | vestment earnings, gains, and losses  |                        |              |             |         |                |                  |            |                   |           |
|            |              | s or scholarships   |                        |              |             |         |                |                  |            |                   |           |
|            | and pi       | expenditures for facilities<br>rograms  |                        |              |             |         |                |                  |            |                   |           |
| f          | Admir        | nistrative expenses   |                        |              |             |         |                |                  |            |                   |           |
| g          | End of       | f year balance  |                        |              |             |         |                |                  |            |                   |           |
| 2<br>a     |              | ide the estimated percentage of the cur<br>id designated or quasi-endowment <b>&gt;</b> | rent year end balanc   | e (line 1    | g, colu     | mn (a   | )) held as     |                  |            |                   |           |
| b          |              | nanent endowment <b>&gt;</b>  |                        |              |             |         |                |                  |            |                   |           |
| c          | Tem          | porarily restricted endowment ►   |                        |              |             |         |                |                  |            |                   |           |
| ·          |              | percentages on lines 2a, 2b, and 2c sho   | uld equal 100%         |              |             |         |                |                  |            |                   |           |
| 3a         | Are t        | there endowment funds not in the posse<br>nization by                                   |                        | ation tha    | t are h     | eld an  | d administere  | d for the        |            | Yes               | No        |
|            | _            | inrelated organizations   |                        |              |             |         |                |                  | 3a         | i(i)              |           |
| b          |              | related organizations   | ons listed as required | on Sche      | <br>edule R |         |                |                  |            | (ii)              |           |
| 4          |              | ribe in Part XIII the intended uses of th   |                        |              |             |         |                |                  |            |                   |           |
| Pa         | rt VI        | Land, Buildings, and Equipme  | ent.                   |              |             |         |                |                  |            |                   |           |
|            |              | Complete if the organization ans  | wered "Yes" on Fo      |              |             |         |                |                  |            |                   |           |
|            | Descr        | ription of property (a) Cost or o<br>(investri  |                        | st or other  | basıs (     | other)  | (c) Accumula   | ted depreciation | (          | <b>d)</b> Book va | lue       |
| 1a         | Land         |   |                        |              | 1           | 44,623  |                |                  |            |                   | 144,623   |
| b          | Buildir      | ngs   |                        |              | 1,4         | 23,587  |                | 684,592          |            |                   | 738,995   |
| c          | Lease        | hold improvements   |                        |              |             |         |                |                  |            |                   |           |
| d          | Equip        | ment  |                        |              | 7:          | 30,976  |                | 578,472          |            |                   | 152,504   |
| e          | Other        |   |                        |              |             |         |                |                  |            |                   |           |
| Tat        | 1 0 2 3      | lines 12 through 10 (Column (d) mint  | agual Form 000 Bard    | - V - co.l   | mn (P)      | line    | 10(a)          |                  | 1          |                   | 1.026.122 |

|  | See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)   |         | (b)<br>Book<br>value |                   | (c) Method of value o |                                |
|--|--|---------|----------------------|-------------------|--|--------------------------------|
|  | al derivatives   |         |                      |                   |  |                                |
| 2) Closely-<br>3)Other   | held equity interests  | _       |                      |                   |  |                                |
| <b>4</b> )   |  |         |                      |                   |  |                                |
| 3)   |  |         |                      |                   |  |                                |
| <b>(</b> )   |  |         |                      |                   |  |                                |
| ))   |  |         |                      |                   |  |                                |
| ≣)   |  |         |                      |                   |  |                                |
| ·)   |  |         |                      |                   |  |                                |
| G)   |  |         |                      |                   |  |                                |
| ٦)   |  |         |                      |                   |  |                                |
| otal. (Colum   | nn (b) must equal Form 990, Part X, col (B) line 12 )  | •       |                      |                   |  |                                |
| art VIII   | Investments—Program Related.  Complete if the organization answered 'Yes' on Form 9  | 990, P  | art IV, lı           | ne 11c. See Fo    | rm 990, Part )   | (, line 13.                    |
|  | ·  |         | ook value            | •                 | (c) Method of va<br>or end-of-year   | aluation                       |
| L)   |  |         |                      |                   | or cha or year   | TIATROC VAIAC                  |
| 2)   |  |         |                      |                   |  |                                |
| 3)   |  |         |                      |                   |  |                                |
| 4)   |  |         |                      |                   |  |                                |
| 5)   |  |         |                      |                   |  |                                |
| 5)   |  |         |                      |                   |  |                                |
| 7)   |  |         |                      |                   |  |                                |
| B)   |  |         |                      |                   |  |                                |
| 9)   |  |         |                      |                   |  |                                |
| otal. (Colum   | nn (b) must equal Form 990, Part X, col (B) line 13 )  |         |                      |                   |  |                                |
|  |  |         |                      |                   |  |                                |
| Part IX  | Other Assets. Complete if the organization answered 'Yes'  | on For  | m 990, Pa            | rt IV, line 11d S | ee Form 990, Pa  |                                |
|  | Other Assets. Complete if the organization answered 'Yes'  (a) Description   | on For  | m 990, Pa            | rt IV, line 11d S | ee Form 990, Pa  | art X, line 15  (b) Book value |
| -)   |  | on For  | m 990, Pa            | rt IV, line 11d S | ee Form 990, Pa  |                                |
| 1)   |  | on For  | m 990, Pa            | rt IV, line 11d S | ee Form 990, Pa  |                                |
| 1) 2) 3)   |  | on For  | m 990, Pa            | rt IV, line 11d S | ee Form 990, Pa  |                                |
| 2)   |  | on Form | m 990, Pa            | rt IV, line 11d S | ee Form 990, Pa  |                                |
| 2) 3) 1) 5)  |  | on For  | m 990, Pa            | rt IV, line 11d S | ee Form 990, Pa  |                                |
| 2)<br>3)<br>1)<br>5)   |  | on For  | n 990, Pa            | rt IV, line 11d S | ee Form 990, Pa  |                                |
| (i) (i) (ii) (iii) |  | on For  | n 990, Pa            | rt IV, line 11d S | ee Form 990, Pa  |                                |
| (i) (i) (ii) (ii) (iii)  |  | on For  | n 990, Pa            | rt IV, line 11d S | ee Form 990, Pa  |                                |
| (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c   | (a) Description  |         | m 990, Pa            |                   |  |                                |
| 1)<br>2)<br>3)<br>4)<br>5)<br>7)<br>33)<br>9)  | imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer   |         |                      |                   |  | (b) Book value                 |
| 1) 2) 3) 4) 5) 7) 3) otal. (Colu   | (a) Description  |         | es' on Fo            |                   |  | (b) Book value                 |
| 2) 3) 4) 5) 6) 7) 8) otal. (Colu   | imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  |         | es' on Fo            |                   |  | (b) Book value                 |
| 2) 3) 4) 5) 6) 7) 8) Part X  | (a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability |         | es' on Fo            |                   |  | (b) Book value                 |
| 2) 3) 5) 6) 7) 8) Part X) Federal (2)  | (a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability |         | es' on Fo            |                   |  | (b) Book value                 |
| 2) 3) 4) 5) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 7) 7) 8) 7) 8) 7) 8) 8) 8)  | (a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability |         | es' on Fo            |                   |  | (b) Book value                 |
| 2) 3) 4) 5) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 7) 7) 8) 7) 8) 7) 8) 8) 8)  | (a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability |         | es' on Fo            |                   |  | (b) Book value                 |
| 2) 3) 4) 5) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 7) 6) 7) 7) 8) 8) 8) 8)   | (a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability |         | es' on Fo            |                   |  | (b) Book value                 |
| 2) 3) 4) 5) 6) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 8) 6) 8) 8) 8) 8) 8) 8)  | (a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability |         | es' on Fo            |                   |  | (b) Book value                 |
| 1) 2) 3) 4) 5) 6) 7) 6) 8) Part X  1) Federal ( 2) 3) 4) 5)  | (a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability |         | es' on Fo            |                   |  | (b) Book value                 |
| 1) 2) 3) 4) 5) 6) 7) 8) otal. (Colu  | (a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability |         | es' on Fo            |                   |  | (b) Book value                 |
| 1) 2) 3) 4) 5) 6) 7) 8) 9)  otal. (Colu Part X  1) Federal 1  2) 3) 4) 5) 7)   | (a) Description  Imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability |         | es' on Fo            |                   |  | (b) Book value                 |

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . . . .

Page 4

2,544,720

Schedule D (Form 990) 2017

1

Schedule D (Form 990) 2017

Part XI

1

2c Recoveries of prior year grants . . . . . . d 2d Add lines 2a through 2d . . . . . . e 2e -1323 2,544,852 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIII ) . . . . . . 4h Add lines **4a** and **4b** . . . . . . . . . . . 40 c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

5 2,544,852 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 4,357,883 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . 2a

2b 2c c

Other (Describe in Part XIII ) . 2d d Add lines 2a through 2d . 2e e

3 Subtract line 2e from line 1 . . . . 3 4,357,883 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 4h b

c 4c 5 5 4.357.883

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . Part XIII **Supplemental Information** 

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference Explanation

See Additional Data Table

| Page <b>5</b> |                      | Schedule D (Form 990) 2017  |  |  |  |
|---------------|----------------------|-----------------------------|--|--|--|
|               | ormation (continued) | Part XIII Supplemental Info |  |  |  |
|               | Explanation          | Return Reference            |  |  |  |
|               |                      |                             |  |  |  |
|               |                      |                             |  |  |  |
|               |                      |                             |  |  |  |
|               |                      |                             |  |  |  |
|               |                      |                             |  |  |  |
|               |                      |                             |  |  |  |
|               |                      |                             |  |  |  |
|               |                      |                             |  |  |  |
|               |                      |                             |  |  |  |

Schedule D (Form 990) 2017

### **Additional Data**

# Software ID: Software Version:

**EIN:** 52-1289734

Name: CAPITAL RESEARCH CENTER

### **Supplemental Information**

| Return Reference | Explanation   |
|------------------|---|
| PART X, LINE 2   | THE CENTER FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN IN COME TAXES INCLUDED IN ACCOUNTING STANDARDS CODIFICATION TOPIC 740-10, INCOME TAXES THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S CONSOLIDATED FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTE D TO BE TAKEN IN A TAX RETURN THE CENTER PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIO NS FOR THE YEAR ENDED DECEMBER 31, 2017 AND DETERMINED THAT THERE WERE NO MATTERS THAT WOU LD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFEC T ON ITS TAX-EXEMPT STATUS AT DECEMBER 31, 2017, THE STATUTE OF LIMITATIONS FOR TAX YEARS ENDED DECEMBER 31, 2014 THROUGH 2016 REMAINS OPEN WITH THE US FEDERAL JURISDICTION OR T HE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE CENTER FILES TAX RETURNS IT IS THE CENTER'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS , IF ANY, IN INCOME TAX EXPENSES |

| efil  | e GRAPHIC p   | rint - DO NOT PROCESS   As Filed Data -   | DLN: 9349                    | 331                 | 9019           | 398     |  |  |  |
|-------|---|---|------------------------------|---------------------|----------------|---------|--|--|--|
| Sch   | nedule J  | Compensation Information  | ОМВ                          | No :                | 1545-0         | 047     |  |  |  |
| (For  | m 990)  | For certain Officers, Directors, Trustees, Key Employees, and Hi<br>Compensated Employees<br>Complete if the organization answered "Yes" on Form 990, Part IN<br>Attach to Form 990.  | /, line 23.                  | 2017<br>Open to Pub |                |         |  |  |  |
| •     | tment of the Treasury<br>al Revenue Service               | ▶ Information about Schedule J (Form 990) and its instructions<br>www.irs.qov/form990.  |                              |                     | o Put<br>ectio |         |  |  |  |
| Nar   | me of the organiz   | ration ————————————————————————————————————   | Employer identification      |                     |                |         |  |  |  |
| CAP   | PITAL RESEARCH CE   | NTER  | 52-1289734                   |                     |                |         |  |  |  |
| Pa    | ri I Ouesti   | ons Regarding Compensation  | 32 120373÷                   |                     |                | —       |  |  |  |
|       |   |   |                              |                     | Yes            | No      |  |  |  |
| 1a    | Check the appropriate Check the Section 1990, Part VII, S | opiate box(es) if the organization provided any of the following to or for a person list<br>Section A, line 1a Complete Part III to provide any relevant information regarding the  | ed on Form<br>ese items      |                     |                |         |  |  |  |
|       | First-class   | s or charter travel $igsqcup igsqcup igsqcup$ | ·                            |                     |                |         |  |  |  |
|       |   | r companions $\square$ Payments for business use of person  |                              |                     |                |         |  |  |  |
|       |   | nification and gross-up payments  |                              |                     |                |         |  |  |  |
|       | □ Discretion  | nary spending account $\square$ Personal services (e g , maid, chau   | iffeur, chef)                |                     |                |         |  |  |  |
| b     |   | ixes in line 1a are checked, did the organization follow a written policy regarding payi<br>all of the expenses described above? If "No," complete Part III to explain  | ment or reimbursement        | <b>1</b> b          |                |         |  |  |  |
| 2     |   | ation require substantiation prior to reimbursing or allowing expenses incurred by all  |                              | 2                   | Yes            |         |  |  |  |
|       | directors, truste   | ees, officers, including the CEO/Executive Director, regarding the items checked in lir   | le la'                       |                     |                |         |  |  |  |
| 3     |   | If any, of the following the filing organization used to establish the compensation of  | the                          |                     |                |         |  |  |  |
|       |   | CEO/Executive Director Check all that apply Do not check any boxes for methods<br>ed organization to establish compensation of the CEO/Executive Director, but explain  | ın Part III                  |                     |                |         |  |  |  |
|       | ✓ Compens   | ation committee   |                              |                     |                |         |  |  |  |
|       |   | eation committee  Written employment contract  Compensation consultant  Compensation survey or study  |                              |                     |                |         |  |  |  |
|       | =   | of other organizations  Deformation to insultant  Deformation survey of study  Approval by the board or compens   | ation committee              |                     |                |         |  |  |  |
|       |   | The sound of compens  |                              |                     |                |         |  |  |  |
| 4     | During the year related organiza                          | r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the ation   | filing organization or a     |                     |                |         |  |  |  |
| а     | Receive a sever   | rance payment or change-of-control payment?   |                              | 4a                  |                | No      |  |  |  |
| b     | •   | or receive payment from, a supplemental nonqualified retirement plan?   |                              | 4b                  |                | No      |  |  |  |
| С     | •   | or receive payment from, an equity-based compensation arrangement?  |                              | 4c                  |                | No      |  |  |  |
|       | If Yes to any   | of lines 4a-c, list the persons and provide the applicable amounts for each item in Pa  | rt III                       |                     |                |         |  |  |  |
|       | Only 501(c)(3   | 3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  |                              |                     |                |         |  |  |  |
| 5     | For persons list  | ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the revenues of  |                              |                     |                |         |  |  |  |
| а     | The organizatio   | n?  |                              | 5a                  |                | No      |  |  |  |
| b     | Any related org   | anization?  |                              | 5b                  |                | No      |  |  |  |
|       | If "Yes," on line   | e 5a or 5b, describe in Part III  |                              |                     |                |         |  |  |  |
| 6     |   | ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the net earnings of  |                              |                     |                |         |  |  |  |
| а     | The organizatio   | n <sup>2</sup>  |                              | 6a                  |                | No      |  |  |  |
| b     | Any related org   |   |                              | 6b                  |                | No      |  |  |  |
|       | •   | e 6a or 6b, describe in Part III  |                              |                     |                |         |  |  |  |
| 7     |   | ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixo<br>lescribed in lines 5 and 67 If "Yes," describe in Part III  | ed                           | 7                   | Yes            |         |  |  |  |
| 8     |   | unts reported on Form 990, Part VII, paid or accured pursuant to a contract that was<br>nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," o   | describe                     |                     |                | _<br>Ne |  |  |  |
| 9     |   | 8, did the organization also follow the rebuttable presumption procedure described in   | n Regulations section        | 9                   |                | No_     |  |  |  |
| For F | Panerwork Redi  | uction Act Notice, see the Instructions for Form 990. Cat No  | 50053T <b>Schedule J (</b> 1 |                     | 9901           | 2017    |  |  |  |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 900. Part VII

| ınstructions, on row (II)<br><b>Note.</b> The sum of colum | Do no<br>ns (B | ot list any individuals that<br>)(i)-(iii) for each listed ind | t are not listed on Form 99<br>dividual must equal the to | 90, Part VII<br>Ital amount of Form 990,  | Part VII, Section A, line :    | 1a, applicable column (D | ) and (E) amounts for tha | t ındıvıdual  |
|--|----------------|--|---|---|--------------------------------|--------------------------|---------------------------|---|
| (A) Name and Title   |                | (B) Breakdown  | of W-2 and/or 1099-MIS                                    | C compensation                            | (C) Retirement and             | (D) Nontaxable           | (E) Total of columns      | (F) Compensation in                                     |
|  |                | (i) Base<br>compensation                                       | (ii) Bonus & incentive compensation                       | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits                 | (B)(ı)-(D)                | column (B) reported<br>as deferred on prior<br>Form 990 |
| 1 SCOTT WALTER PRESIDENT                                   |                | 242,985  | 2,000   | 0   | 37,263                         | 18,853                   | 301,101                   | 0   |
| TRESIDENT  | (ii)           | 0  | 0   | 0   | 0                              | 0                        | 0                         | 0   |
| 2 MICHAEL HARTMANN<br>SENIOR FELLOW &                      | (i)            | 142,215  | 2,000   | 0   | 22,050                         | 4,805                    | 171,070                   | 0   |
| DIRECTOR   | (ii)           | 0  | 0   | 0   | 0                              | 0                        | 0                         | 0   |
|  |                |  |   |   |                                |                          |                           |   |
|  |                |  |   |   |                                |                          |                           |   |
| ,  |                |  |   |   |                                |                          |                           |   |
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|  |                |  |   |   |                                |                          |                           |   |
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|  |                |  |   |   |                                |                          |                           |   |
|  |                |  |   |   |                                |                          |                           |   |
|  |                |  |   |   |                                |                          | Schedule                  | J (Form 990) 2017                                       |

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation PART I. LINE 1B CRC DOES NOT HAVE A WRITTEN POLICY WITH REGARD TO THE REIMBURSEMENT OF PERSONAL CHARGES RELATED TO THE MEMBERSHIP HOWEVER, THE ORGANIZATION FOLLOWS THE EMPLOYEE MANUAL AND ACCOUNTING POLICIES AND PROCEDURES MANUAL FOR PROCESSING ALL EXPENSE REIMBURSEMENTS

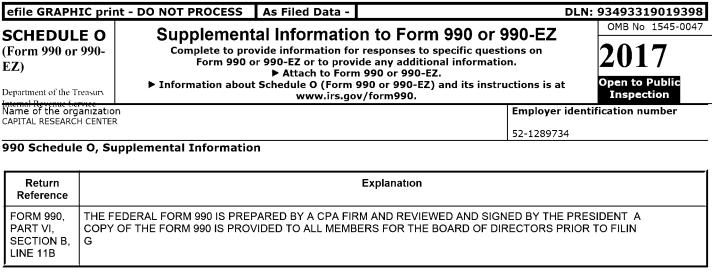
Page 3

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

PART VI, SECTION A

AND DOES NOT AS A MATTER OF POLICY REIMBURSE ANY EMPLOYEES FOR PERSONAL EXPENSES PART I, LINE 7 ALL EMPLOYEES OF CRC RECEIVED A \$2,000 THANKSGIVING BONUS IN 2017, WHICH IS INCLUDED IN THE COMPENSATION TOTALS OF EMPLOYEES PROVIDED IN



# 990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990, PART VI, MANUAL AND ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST TO MANAG SECTION B, LINE 12C LISTS OF 5 INDIVIDUALS AND CONFLICTS OF INTEREST ARE NOT PERMITTED UNDER ITS WRITTEN CONFLI

CT OF INTEREST POLICY PROHIBITING THE TRANSACTION OF BUSINESS WITH A BOARD MEMBER.

Return Explanation
Reference

990 Schedule O. Supplemental Information

FORM 990,
PART VI,
SECTION B,
LINE 15A

CRC REVIEWS THE ANNUAL THINK TANK COMPENSATION STUDY WHICH COLLECTS COMPENSATION AND BENEF
ITS DATA RELEVANT TO THINK TANKS AND RESEARCH ORGANIZATIONS LOCATED IN THE U S THAT CONDU
CT RESEARCH IN THE PUBLIC POLICY, FOREIGN POLICY, AND INTERNATIONAL RELATIONS ARENAS THIR
TY-FOUR RESPONDENTS PROVIDED SUFFICIENT INFORMATION TO BE INCLUDED IN THE SURVEY IN ADDIT
ION. THE BOARD OF DIRECTORS UTILIZES ITS EXPERIENCE AND EXPERTISE

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,
PART VI,
SECTION C,
LINE 19

THE ORGANIZATION PROVIDES AUDITED FINANCIAL STATEMENTS TO DONORS AND OTHERS UPON REQUEST O
N A CASE BY CASE BASIS OTHER ORGANIZATIONAL DOCUMENTS HAVE NOT BEEN REQUESTED IN THE PAST
AND THE ORGANIZATION WILL EVALUATE SUCH REQUESTS WHEN RECEIVED HOWEVER, CRC FULLY COMPLI
ES WITH INFORMATION RETURNS AND OTHER DOCUMENTS REQUIRED UNDER INTERNAL REVENUE SERVICE RE
GULATIONS TO BE DISCLOSED TO THE PUBLIC UPON REQUEST

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART IX, LINE 11G

COMPUTER SERVICES PROGRAM SERVICE EXPENSES 12,649 MANAGEMENT AND GENERAL EXPENSES 24,400

FUNDRAISING EXPENSES 10,607 TOTAL EXPENSES 47,656 OTHER PROFESSIONAL FEES PROGRAM SER

VICE EXPENSES 901,912 MANAGEMENT AND GENERAL EXPENSES 62,847 FUNDRAISING EXPENSES 8,225

TOTAL EXPENSES 972,984

990 Schedule O, Supplemental Information Return Explanation Reference 990, PART NO CHANGE XII, LINE 2C

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319019398 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. Open to Public ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** CAPITAL RESEARCH CENTER 52-1289734 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity HOLDING REAL PROPERTY DC 414,443 (1) RESEARCH DATABASE LLC 1513 16TH STREET NW WASHINGTON, DC 20036 81-4390594 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No

|  |                  | (b)<br>Primary    | 1   |  | 1  | ı  |                             |             |                           | ı .   |                              |                 |                                |
|--|------------------|-------------------|---|--|--|--|-----------------------------|-------------|---------------------------|---|------------------------------|-----------------|--------------------------------|
| (a)  Name, address, and EIN of related organization                                      |                  |                   | (c) Legal domicile (state or foreign country) | (d)<br>Direct<br>controlling<br>entity | (e) Predominant income(related unrelated, excluded from tax under sections 512- 514) | total income                               | Share of end-of-year assets | Disprop     |                           | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j<br>Gener<br>mana<br>parti | ral or<br>iging | (k)<br>Percenta<br>ownersh     |
|  |                  |                   |   |  | 314)   |  |                             | Yes         | No                        |   | Yes                          | No              |                                |
|  |                  |                   |   |  |  |  |                             |             |                           |   |                              |                 |                                |
|  |                  |                   |   |  |  |  |                             |             |                           |   |                              |                 |                                |
|  |                  |                   |   |  |  |  |                             |             |                           |   |                              |                 |                                |
|  |                  |                   |   |  |  |  |                             |             |                           |   |                              |                 |                                |
|  |                  |                   |   |  |  |  |                             |             |                           |   |                              |                 |                                |
|  |                  |                   |   |  |  |  |                             |             |                           |   |                              |                 |                                |
|  |                  |                   |   |  |  |  |                             |             |                           |   |                              |                 |                                |
|  |                  |                   |   |  |  |  |                             |             |                           |   |                              |                 |                                |
| Identification of Related Organization because it had one or more related organizations. |                  |                   |   |  |  | ızatıon ans                                | wered "Yes                  | " on F      | orm 99                    | 90, Part IV,  | line                         | 34              |                                |
| (a)  | (b)              |                   | (c)   | st during ti                           | (d)  | (e)  | (f)                         | <del></del> | (g)                       | (H  | 1)                           | $\overline{}$   | (1)                            |
| Name, address, and EIN of<br>related organization  | Primary activity | l<br>do<br>(state | egal<br>omicile<br>or foreign<br>untry)       |  | controlling Ty<br>entity (C o  | pe of entity<br>corp, S corp,<br>or trust) | Share of total<br>income    |             | of end-<br>year<br>assets | of- Percel<br>owne  | ntage                        | (13             | ction 51<br>3) contr<br>entity |
|  |                  |                   | unu y)  |  |  |  |                             |             |                           |   |                              | Y               | res                            |
|  |                  |                   |   |  |  |  |                             |             |                           |   |                              |                 |                                |
|  |                  |                   |   |  |  |  |                             |             |                           |   |                              |                 | +                              |
|  |                  |                   |   |  |  |  |                             | -           |                           | _   |                              |                 | _                              |
|  |                  |                   |   |  |  |  |                             |             |                           |   |                              |                 |                                |
|  |                  |                   |   |  |  |  |                             |             |                           |   |                              |                 |                                |
|  |                  |                   |   |  |  |  |                             |             |                           |   |                              |                 | -                              |
|  |                  |                   |   |  |  |  |                             |             |                           |   |                              |                 |                                |

| Schedule R (Form 990) 2017   |   |                        |                                |            | Page : |
|--|---|------------------------|--------------------------------|------------|--------|
| Part V Transactions With Related Organizations Complete if the organization answered "Yes  | s" on Form 990, Pa                      | irt IV, line 34, 35b,  | or 36.                         |            |        |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule   |   |                        |                                | 1          | es N   |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related   | organizations listed i                  | n Parts II-IV?         |                                |            |        |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity   |   |                        |                                | 1a         |        |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |   |                        |                                | 1b         |        |
| ${f c}$ Gift, grant, or capital contribution from related organization(s)  |   |                        |                                | 1c         |        |
| f d Loans or loan guarantees to or for related organization(s)   |   |                        |                                | 1d         |        |
| e Loans or loan guarantees by related organization(s)  |   |                        |                                | 1e         |        |
| f Dividends from related organization(s)   |   |                        |                                | 1f         |        |
| g Sale of assets to related organization(s)  |   |                        |                                | <b>1</b> g |        |
| f h Purchase of assets from related organization(s)  |   |                        |                                | 1h         |        |
| i Exchange of assets with related organization(s)  |   |                        | •                              | <b>1</b> i |        |
| j Lease of facilities, equipment, or other assets to related organization(s)   |   |                        |                                | 1j         |        |
| k Lease of facilities, equipment, or other assets from related organization(s)   |   |                        |                                | 1k         |        |
| I  Performance of services or membership or fundraising solicitations for related organization (s)  . |   |                        |                                | 11         |        |
| $m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)   |   |                        |                                | 1m         |        |
| ${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |   |                        |                                | 1n         |        |
| o Sharing of paid employees with related organization(s)   |   |                        |                                | 10         |        |
| p Reimbursement paid to related organization(s) for expenses   |   |                        |                                | <b>1</b> p |        |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  |   |                        |                                | 1q         |        |
| r Other transfer of cash or property to related organization(s)  |   |                        |                                | 1r         |        |
| ${f s}$ Other transfer of cash or property from related organization(s)  |   |                        |                                | 1s         |        |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin   | ne, including covered                   | relationships and trar | saction thresholds             |            |        |
| (a)<br>Name of related organization  | <b>(b)</b><br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining a | amount inv | olved  |
|  |   |                        |                                |            |        |

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| was not a related organization. See instructions regarding exc               |                                   |   |  |     |    |  |         |  |                   |  |         |                                 |  |                                     |    |  |  |  |                                |
|--|-----------------------------------|---|--|-----|----|--|---------|--|-------------------|--|---------|---------------------------------|--|-------------------------------------|----|--|--|--|--------------------------------|
| (a)<br>Name, address, and EIN of entity                                      | <b>(b)</b><br>Primary activity    | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) |     |    | section<br>501(c)(3)<br>organizations? |         | section t<br>501(c)(3)<br>organizations? |                   | section t<br>501(c)(3)<br>organizations? |         | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproprtions<br>allocations | 5? | Code V-UBI<br>amount in<br>box 20<br>of Schedule<br>K-1<br>(Form 1065) |  |  | (k)<br>Percentage<br>ownership |
|  |                                   |   |  | Yes |    | ·                                      |         | Yes                                      | No                |  | Yes     | No                              |  |                                     |    |  |  |  |                                |
| (1)MORAL COMPASS LLC<br>133 SHELDON STREETEL SEGUNDO, CA 90245<br>37-1787784 | PRODUCTION OF<br>DOCUMENTARY FILM | CA  | RELATED  |     | No | 217,417                                | 422,736 | Yes                                      |                   |  |         | No                              | 68 790 %                                 |                                     |    |  |  |  |                                |
|  |                                   |   |  | _   |    |  |         |  |                   |  |         |                                 |  |                                     |    |  |  |  |                                |
|  |                                   |   |  |     |    |  |         |  |                   |  |         |                                 | , <u>-</u>                               |                                     |    |  |  |  |                                |
|  |                                   |   |  |     |    |  |         |  |                   |  |         |                                 |  |                                     |    |  |  |  |                                |
|  |                                   |   |  |     |    |  |         |  |                   |  |         |                                 |  |                                     |    |  |  |  |                                |
|  |                                   |   |  |     |    |  |         |  |                   |  |         | T                               | ·  |                                     |    |  |  |  |                                |
|  |                                   |   |  |     |    |  |         |  |                   |  |         |                                 |  |                                     |    |  |  |  |                                |
|  |                                   |   |  |     |    |  |         |  | $\dagger \dagger$ |  |         | $\dagger \dagger$               | · <u> </u>                               |                                     |    |  |  |  |                                |
|  |                                   |   |  |     |    |  |         |  |                   |  |         |                                 | <u> </u>                                 |                                     |    |  |  |  |                                |
|  |                                   |   |  |     |    |  |         |  |                   |  |         | $\prod$                         | · <u> </u>                               |                                     |    |  |  |  |                                |
|  |                                   |   |  |     |    |  |         |  |                   |  |         | T                               |  |                                     |    |  |  |  |                                |
|  |                                   |   |  |     |    |  |         |  |                   |  |         | $\prod$                         |  |                                     |    |  |  |  |                                |
|  |                                   |   |  |     |    |  |         |  |                   |  |         | $\prod$                         |  |                                     |    |  |  |  |                                |
|  |                                   |   |  |     |    |  |         |  |                   |  |         | $\prod$                         | <u> </u>                                 |                                     |    |  |  |  |                                |
|  |                                   |   |  |     |    |  |         |  |                   |  |         | $\prod$                         |  |                                     |    |  |  |  |                                |
|  |                                   |   |  |     |    |  |         |  |                   |  |         | $\prod$                         | <u> </u>                                 |                                     |    |  |  |  |                                |
|  |                                   |   |  |     |    |  |         |  |                   | Schedule                                 | R (Forr | n 99                            | 0) 2017                                  |                                     |    |  |  |  |                                |

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017